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THE WESTERN MEDICO-CHIRURGICAL JOURNAL.

BOSTON MEDICAL LIBRARY ASSOCIATION

EDITED BY

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Professors in the Iowa State University.

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1851.

SEVENTH ANNUAL COMMENCEMENT OF

THE OHIO COLLEGE OF DENTAL SURGERY.

SESSION OF 1851—'52.

The regular course of Lectures in this Institution commences the first Monday of November and closes on the 20th of February.

FACULTY:

JAMES TAYLOR, M. D., D. D. S.,
Professor of the Principles and Practice of Dental Surgery.

THOMAS WOOD, M. D.,
Professor of Anatomy and Physiology.

GEORGE MENDENHALL, M. D.,
Professor of Pathology and Therapeutics.

JOHN ALLEN, D. D. S.,
Professor of Operative and Mechanical Dentistry.

G. L. VAN EMON, A. M , D. D. S.,
Lecturer on Dental Chemistry and Demonstrator of Operative and Mechanical Dentistry.

The Faculty would take the present opportunity to announce to the profession the organization of the Ohio College of Dental Surgeons on a permanent basis. The College building, anatomical preparations, Dental Museum, &c., &c., have been purchased by an association of members of the profession, and permanently set apart by them and their successors as an instiiution for the promotion of Dental Science. The appropriation of three thousand eight hundred dollars for this object, by the stockholders, has been done with the strong conviction of the necessity of such an Institution; and that it may entirely meet the wishes of the profession at large, this association has nominated to the Trustees the present faculty, and which by them have been appointed to their respective chairs.

It is the design of the Faculty to make the course as thorough and practical as possible.

The increasing demand for gratuitous operations in the Dental Infirmary, now hold out to the student every inducement which can be desired. The daily operations in this department of the college afford opportunity for every student to engage In practice. During the last session near one hundred teeth were inserted, besides a great deal of filling, extracting, &c., &c., and towards the close of the session more patients applied than could be attended to by the class.

The arrangements in the laboratory will be such as to afford every facility in mechanical dentistry, and a Demonstrator of acknowledged capacity has been selected for this department.

The Anatomical Rooms and Dental Infirmary will be opened the first of October.

The following gentlemen have been chosen a committee for the examination of the graduating class:

PHYSICIANS—

Prof. Jesse P. Judkins, M. D., Cincinnati.
" L. M. Lawson, M. D., "

DENTISTS—

Wm. Wright, M. D., Pittsburg.
H. R. Smith, D. D. S., Terre Haute, Indiana.
E. Taylor, M. D., D. D. S., Cincinnati.

Tickets for the entire course, including Matriculation fee,	$100 00
Diploma fee,	25 00

Good board can be had at from $2 to $3 per week.

JAMES TAYLOR, *Dean.*

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THE

WESTERN

MEDICO-CHIRURGICAL JOURNAL.

VOL. II. KEOKUK, IOWA, SEPTEMBER, 1851. No. 1.

ART. I.—*Three Cases of Malignant Disease of the Lungs.* By NICHOLS HARD, M. D., Prof. of Anatomy in the College of Physicians and Surgeons of the Iowa University.

While the Western practitioner is brought into daily acquaintance with new and interesting phases of disease, variously modified by the peculiarities of topography, presenting new and inviting fields for original researches, his observations on the other hand, of certain forms of disease, are, from the same causes, exceedingly limited. Especially from the tribe of cachectic affections, and the various forms of malignant disease, has the young North West enjoyed a partial immunity. From the above considerations, as well as from the intrinsic importance of the general topic, the following cases, are deemed worthy of record.

Case 1. Was called to visit W. W., æt. 21, in consultation with Dr. Allaire. Found him laboring under severe and permanent dyspnœa. Learned the following facts in the history of the case. Two years previous, he had suffered amputation of the foot in consequence of a suspicious enlargement of one or two of the metatarsal bones, which upon subsequent examination was pronounced schirrus in its nature. The stump readily healed, and the young man enjoyed good health and engaged in active business for two years, when he was seized with dyspnœa, accompanied with a slight cough. The dyspnœa rapidly increased in severity, so that, at the time I saw him, five or six weeks after the attack, his respiration was frightfully impeded, and he was compelled to assume a semi-erect posture, and required constant fanning. Physical signs: complete dulness over the right side of the chest in all the regions. Left side sonorous. Respiratory sound ab-

sent over right side of the chest. No air moving in the lung. Coarse crepitation in the middle, feeble, almost absent in the base of lung. No appreciable fault in the contour of the chest. A tumor was found in the right groin, nearly as large as a hen's egg, white and insensible.

Diagnosis. Right lung solidified. What is the probable nature of the deposite? It cannot be the product of inflammation, as no inflammatory symptoms preceded it. Taking into account the schirrus deposite in the bones of the foot, two years before, and the existence of an insensible tumor in the groin, it is rendered probable that the deposite is of a malignant character, disorganizing the lung.

Prognosis. Disease incurable. A few days later the patient died.

Autopsy. On opening the right pleural sac, the lung was found completely disorganized and converted into a white mass, somewhat resembling a large lobulated, fatty tumor, universally adherent to the pleura costalis. The vesicular structure had been completely destroyed, and even the tubular structure obliterated, with the exception of a few of the larger bronchi, whose situation was indicated only by the presence of a few white lines. This abnormal tissue possessed considerable firmness, in some places acquiring a semi-cartilaginous density. *Right lung.* The upper portion was pervious, the middle engorged, and the lower portion carnified. The tumor in the groin proved to be a grayish white deposite, much softer than that of the lung, resembling the medulla sarcoma of writers.

Case 2. L. H., æt. 36, applied May 20th, 1850, for advice in reference to a tumor over the centre of the pectoralis major of the right side of the chest. Tumor some larger than a hen's egg, very hard, but rolls readily under the skin. This patient had suffered the excision of a similar growth, two years before, by Dr. G. W. Richards, which was decided by him to be genuine schirrus. General health poor; complained of a seated pain in the right side, under the inferior angle of the scapula. Also slight cough.

Diagnosis, Schirrus.

Prognosis, grave. Strong suspicion of a tendency to malignant disease of the lung.

Patient chose to have the tumor removed, to avoid present mischief. The operation was performed the next day. The tumor was found beneath the great pectoral muscle, lying open the rib and intercastal space; on examination, bore the marks of schirrus. Wound healed kindly. A mild expectorant bitter was given the patient, and the steady use of the Pil. Ferri Proto-Iodidi instituted. (The pure proto-iodide, prepared by myself, to the formula for which, I called

Prof. Hudson's attention, and which was published by him in a late number of this Journal. I am fully convinced of the superiority of this preparation. I never use the commercial iodide.) Patient was flattered with the apparent improvement of his health for four or five weeks, when a tumor suddenly emerged beneath the inferior angle of the scapula ; and then others on his back and neck, until eight tumors appeared on different parts of the right half of his body. In a few weeks more he commenced declining rapidly. Pain of side increased, dyspnœa set in, and he finally died Aug. 10, 1850.

A post mortem inspection was made by Dr. Bronson, the family physician, who gave me the following brief statement of the appearances :

"A deposite of schirrus matter in the middle lobe of right lung ; a congeries of tumors occupying nearly all of middle lobe."

Neither the condition of the rest of this lung, nor the appearance of the left lung was reported to me. I should have mentioned before in the proper place, that at the time of the removal of the tumor, auscultation proved the right lung to be pervious to air, although a sibilant sound was perceptible in places. I learned, however, some time after, that evident bronchial breathing was heard in some parts.

Case 3. J. V., æt. 32 ; stout, athletic Dutch farmer, applied for advice respecting a hard, insensible tumor on the right side of his neck. It was situated upon, and in front of, the sterno-mastoid muscle, at its upper third, and was some larger than a hen's egg, and unattached to the skin. Had never been painful. I was somewhat undecided respecting the character of this growth, but advised its removal. The operation was perfomed by my late colleague, Prof. Meeker, of Laporte, before the class of "Ind. Med. College," Nov. 1849. The tumor extended deep in the neck, and was supplied by a large arterial trunk, the division of which caused profuse hæmorrhage. On inspecting the structure of the isolated tumor, it was pronounced genuine schirrus. Wound healed kindly ; but in the course of five or six months, a deposite was discovered forming in the same locality. Finally, the sub-maxillary glands of both sides took a similar enlargement ; also one sublingual, and two or three scattered cervical glands on the right side. However no appreciable impairment of the general health took place, until the winter of 1850–51, when he began to cough slightly, and experience some dyspnœa and pain of chest. In the spring of 1851, the dyspnœa and pain became quite urgent. About this time he was seduced by positive promises of a speedy cure, into the employment of a Steam Doctor ; and as graceless, ignorant, and conscience-bereft a quack, as preys upon the credu-

lity of the people of Illinois. He was treated, or mistreated, by this specimen of the *Rodentia,* with a great variety of *heróics,* drawn from the innocent vegetable kingdom.

The disease was named dropsy of the chest, and all consideration of the tumors, or malignant diathesis scouted, as irrelevant and foreign to the case.

I was urged to attend this poor victim of malignant deposition and *imposition,* and visited him June 30th, 1851. I found him laboring with intense dyspnœa, and suffering excruciating pain. The pain was paroxysmal and referred to the chest from the lower end of the sternum, up to the right shoulder. He had had no rest or sleep for an entire week previous to my visit, and for months he had not taken so much as an anodyne or opiate, to sooth his sufferings. "The Doctor said it would'nt do to stop the pain, till he had cured the dropsy."

Physical exploration, yielded dullness throughout the right side of chest, with an entire absence of murmur. The inferior half of left lung similarly solidified; from which I inferred, the existence of schirrus degeneration of the whole of the right lung, and a considerable portion of the left lung. It is unnecessary to add that the prognosis was fatal.

As the patient's life seemed rapidly drawing to a close, the only indication of treatment attempted, was to relieve his extreme sufferings, and sooth his few remaining hours of existence.

The Hydrocyanic acid was given in doses of four drops of the dilute Officinal preparation. The first repetition of this dose gave complete relief from pain, and he sank into a quiet slumber. The daily use of the acid was productive of a tolerable degree of ease, until his death, which occurred on the 11th of July, 1851. I regret to add that a post mortem inspection was not permitted in this case.

I mentioned above, that the disease was called dropsy of the chest by the quack who prescribed for this patient so long.

I may mention as an instance of his low cunning and duplicity, that on hearing of the man's death, he sent word to the family, that "If the disease was dropsy of the chest, they would observe the appearance of dark greenish spots over the abdomen and chest," which was duly noticed by them as a remarkable fulfilment of the Doctor's prediction, and proof of the correctness of his position.

Remarks. That the malignant deposition, of which the above cases are examples, is not amenable to any known mode of treatment, we believe is generally conceded by the profession.

Excision. We believe experience has shown the inadequacy of excision of primary cancerous growths, as a radical cure of the disor-

der. But there exists a diversity of opinion in reference to its value as a temporary remedy, and a means of postponing the final fatal issue. I am an advocate for excision, under the limitations and restrictions defined by most modern writers on Surgery. In the first of the above cases, two years complete immunity from the disease was obtained. The second survived more than two years, with impaired health. The third had good health for a year, and lived nearly two years after the removal of the cervical tumor. The above cases belong to the most unfovorable class for exhibiting the value of excision, owing to the implication of so vital an organ as the lungs; and yet I am persuaded life was prolonged in each case by the operation. A melancholy instance recently came under my observation, of the rapidity of the destructive process in an unmolested cancer. The right sub-maxillary gland was the part involved, and was considered a fair case for an operation, which was proposed, but rejected by the patient. No other evidence of the malignant diathesis was manifested, and yet the patient sank in about six weeks after the occurrence of softening of the tumor.

Diagnosis. I may remark, that in none of the above cases was the primary tumor attached to the integuments, but rolled freely under it; and in two of the cases there had been no pain. Are these circumstances of much importance in the diagnosis of schirrus tumor? In regard to the deposition in the lung, the earliest and most prominent symptom was dyspnœa. Cough slight and inconstant. Expectoration trifling and not peculiar.

Physical signs denoted solidification of the lung. These signs occurring simultaneous with, or following the external development of schirrus, warrant the conclusion that malignant deposition has taken place in the lung, and establish a fatal prognosis.

ART. II.—*Case of Tuberculosis.—Result of Physical Exploration, and Triumph of Auscultation.* By J. F. Morse, M. D., of Sharon, Illinois.

Aug. 19.—Was called to visit a young man said to be laboring under consumption.

John Totten, aged about 26, of German descent, of sanguineo-nervous temperament, with light hair, complexion and eyes, and rather peculiar conformation of cranium, with the other principal marks of strumous diathesis.

I learned that a number of the family had died of consumption.

He had always enjoyed a tolerable degree of health, till about four

years ago, when he had an attack of pneumonia, from which his lung never, as he thought, completely recovered.

He has been confined to his room about two months.

Physical Exploration. Right lung.—Clavicular region, its extreme upper portion, dull on percussion; its lower and middle portion, for some distance down, markedly resonant. On percussing the outer and lower portion, a dull sound was elicited.

The respiratory murmur was absent throughout the entire lung, except a slight portion of the lower extremity of the lower lobe, in which I thought it feebly manifest. On placing my ear over the middle portion, cavernous respiration was clear and distinct; and on auscultation of the voice very marked pectoriloquy was found, corresponding with cavernous respiration. The gurgling *rale* was occasionally manifest in the same locality. Between the locality of pectoriloquy and the the trachea, bronchophony was constantly present. There was but little heaving of the right thorax in respiration, and this was forced seemingly from the action of the left lung.

Left Lung. Throughout the entire length and breadth of this there was a moderate degree of resonance on percussion. Auscultation revealed puerile respiration of the same, which was exaggerated at some points, into all sorts of noises, such as barking, cooing, sighing, &c.

From the foregoing physical signs of auscultation and percussion, my diagnosis as to the right lung, was cavity, extending down some distance, probably in the lower lobe, communicating with the right bronchus.

Of the left lung I diagnosed the existence of more or less tubercular matter, which by its irritation, together with the increased burden (in consequence of the destruction of the right lung) caused a slight degree of inflammation with its products; hence the sounds above referred to.

Aug. 21. The pulse frequent, about 100. Gentle perspiration. Talks slowly and calmly, with shattered voice. Coughed much towards night and fore part of evening, which greatly distressed him. Night sweats exist, but not very profusely. As he had cough and fever medicine, I left without prescription.

Aug. 22. Patient's strength considerably reduced from an attack of diarrhœa. Prescribed comp. kino powder and elix. vit., for night sweats, and paregoric to ease cough.

Aug. 23. Little more comfortable; diarrhœa checked. Complained of considerable distress in left lung, with fever since last saw him. Gave anti-fever powder, composed of Dov. powder, ant. tart. and quinia.

Aug. 25. Comparatively easy, but had been troubled with fit of coughing. Prescribed a combination of prussic acid, morphine and naptha.

Aug. 30. Patient tolerably easy, but very inquisitive, wandering in his mind, and forgetful. Seemed to talk as though he thought he should get well. Still seemed to appreciate the danger when explained to him.

Sept 2. Is easy, but gradually failing. Pulse more frequent, hard and intermitting. Thinks he will recover. Unconscious at times. Having medicine enough, and no unusual symptoms having arisen, I left without prescribing.

Sept. 4. Patient died.

Examination after Death. Having but little time and no assistance my examination was not as thorough as could have been desired.

Left lung whole, and gave but little evidence of disease, hardly sufficient to be worthy of note. On examination of right side, the pleura costalis and pleura pulmonalis were found adherent at its upper portion, and also over a large extent of the anterior surface of the lung. In the right lung was found a large cavity, containing nearly a pint of extremely fetid, unhealthy looking pus, with scales of a fatty looking substance floating upon its surface. This cavity extended from within about two inches of the clavicle nearly the entire length of the lung. Its edges were smooth and even.

The pericardium was found distended with water; otherwise it presented its usual appearance as to position and size.

There being but little diarrhœa I deemed it unimportant to examine the abdominal viscera.

Remarks. The right lung I examined but once, and that about nine or ten days before death. I elicited cavernous respiration, pectoriloquy, with now and then the gurgling rale, and also on percussion, a marked degree of resonance. It therefore seems (admitting my diagnosis to be correct) that the cavity was filled within nine or ten days with pus. Was that time long enough for this change to take place?

ART. III.—*Cases from Notes of Practice.* By A. S. Hudson, M. D., Prof. of Materia Medica and Therapeutics in the College of Physicians and Surgeons of the Iowa University.

There is a similitude between the cases generally reported for a medical journal, and cases which young practitioners are universally fond of detailing as occurring under their observation. We seldom fail to see the object, in these instances, prominently set forth to be,

the *treatment*, and the successful management of the cases. This is proper enough: we do not complain of the spirit which pervades such articles. It is the province of every practitioner who loves his profession, and who cultivates it with fidelity, to report them. It is also the legitimate part of medical journals to publish cases in practice, though they may not convey any new truth, nor even possess the merit of novelty. They at least quicken the vital motion of our local medical literature. They indicate a natural devotion to the free exchange of inter-professional knowledge.

A portion of what I have to offer at this time to these pages is an instance of the opposite character: one where professional skill availed nothing; one wherein the diagnosis was tolerably plain, but which opposed every species of medication that was needed and could be applied within a period of six months. All remedies were alike harmless. All were nearly alike useless.

Mrs. M., aged about 30, had been for two or three years afflicted with leucorrhœa. Upon this followed dysmenorrhœa: then prolapsus uteri; for which she took medicine several weeks, with but little amendment. Pessaries, abdominal supporters, and the usual round of therapia for females, were prescribed. They were administered solely on the indications afforded without the speculum. Three months passed away, and other symptoms set in. Pain and tenderness to pressure in the lumbar region, in the abdomen, in the left ilium, and thence running down the limb; tenderness to pressure over the region of the left ovaria; sense of weight and tension in the abdomen, increased in the upright position; difficulty of passing water, with scalding pains and sense of excoriation within the genitals. These symptoms, connected with the obduracy with which the other infirmities resisted a cure, led to a belief in the existence of inflammation of the neck of the uterus. At length the speculum was allowed to be used. It revealed a state of inflammation of the cervix, and slight ulceration of its lowest portion.

In the full admiration of the new light thrown upon the diagnosis and treatment of these diseases by Dr. Bennet, we promised ourselves and the patient the flattering hope of a ready and thorough cure in the course of a few weeks.

One application of the acid nitrate of mercury, and a few applications of the nitrate of silver, relieved the ulcers. Scarifying the neck reduced the congestion and palliated the heat. Blisters were applied over the pubis, abdomen, and on the sacrum. Daily ablutions with tepid water and astringent injection, likewise tonics, alteratives, baths and hygienics; all were employed to no perceptible advantage. She was still unrelieved.

There is one complication I have not mentioned. Two years prior to this sickness, the patient received a fall, striking the os coccyx on a chair post, causing much immediate suffering, which lasted several weeks. The coccyx was manifestly dislocated inwards and upwards towards the pubis. During the illness of which we speak, the diseased action seems to have rekindled in the seat of this injury. It became hot, tender, tumid and painful. This was believed to have complicated the case so as to embarrass its successful treatment.

The general health of this patient was good, and, to all appearance, she had an abundance of time to recover: yet trusting in the correctness of our diagnosis, and in the propriety of our treatment, we are unable to conclude why she should not have recovered.

Case Second, I report as one of a better termination. I think of it with more pleasure.

Mrs. M., aged near 27, of short personal figure and full habit. In her girlhood she had been an invalid, confined to her bed for a period of two years. I was informed that her malady was a blind, inexplicable one, of which no intelligible account could be given.

In 1849 she was attacked with a troublesome neuralgia. Teeth were extracted, remedies given, but the neuralgia prolonged its aggravation several months. She had evidences of dyspepsia, such as alternate costiveness and diarrhœa, acid eructation, tenderness and tumefaction of the epigastrium. Following neuralgia there appeared an involuntary twitching of the flexor muscles of the hands and feet, principally on the right side. These spasmodic movements often extended to the face. As they increased in severity, syncope set in and attended the paroxysm, which would last from a few minutes to two or three hours. A vesicatory, itchy eruption appeared on the hands, and was aggravated by the spasms. This eruption was believed by the patient, (on the principle "*post hoc, ergo propter hoc*") to be aggravated whenever tartrate of antimony was employed, even in a remote part of the system. A dysmenorrhœa of two years standing now seemed to be getting worse. In this way she continued for eighteen months, part of the time confined to the bed and part of the time not. Her physician employed well nigh every mode of treatment the pharmacopœa could with propriety devise. Amendment being still deferred, and being desirous to try the luck of *change,* she came into my hands.

Our first attention was directed to the uterine and gastric derangements. The usual remedies for those infirmities were applied, and in a few weeks brought much relief. The *neuralgic tetanus* was the great source of the patient's trouble. This being so clearly a cerebro-

spinant disease, cerebro-spinant agents promised the most relief. Accordingly she was placed upon a solution of strychnine and cyanide of potassium, $\frac{1}{8}$ of a grain of strych. and $\frac{1}{4}$ of cyan. pot. at a dose, three times a day. This mixture, taken at the outset and during the paroxysms, exercised a marked control over them. At times larger doses were taken, and even doubled, in order to obtain the effect. She was kept steadily under this treatment for a month and resorted to it, when necessity required, for three months. The number of paroxysms became less. Their strength abated, and her health improved. She then took carriage exercise, and in less than four months from the time she commenced the cerebro-spinants, had recovered her usual health.

ART. IV.—*University Hospital Reports.* By J. F. SANFORD, M. D., Physician to the Hospital.

STRUMA. John Ryland, Irish child, aged 22 months, was admitted to the University Hospital on the 29th day of July 1851. The patient presented the usual external physical marks of the strumous diathesis. The immediate symptoms, were doubtless developed by bad living and other debilitating influences. The mother is poor, and has been living in a miserable filthy place, with scarcely the ability to produce a scanty subsistence for the family. The child came to the hospital in a filthy condition, covered with rags. The following symptoms were noted on the day of admission: Emaciation and flabbly state of the muscles, dry and harsh skin, constipation, cold extremities, weak but easily accelerated pulse, enlargement of the cervical and other glands, ulceration of the throat attended with difficult deglutition, a large ulcer the size of a dollar at the upper commissure of the nates, suppurating glands in the groins. The abscess and ulcer exhibit the usual appearance and discharge of scrofulous diseases. The patient was stripped and thoroughly cleansed from head to foot with tepid salt water, and rubbed well with a crash towl: after which flannel garments next the skin and comfortable overclothing were put upon him. He was then ordered the following prescription: ℞. Iodide of Potash 2 scruples, Iodide of Iron 1 scruple, Distilled water 4 ounces. M. Teaspoonful every 6 hours. An occasional draught of Rochelle salts was given, with the view of regulating the action of the bowels, and the nurse was ordered to expose the child morning and evening to the influence of the open air in the large piazza of the Hospital. The sores to be kept clean, and touched once a day with sol. of Iodine.

Aug. 3d. Sixth day after admission. The child has become quite lively and playful, and in every respect seems improved. Finding that the bowels had not moved since three days before he came into the Hospital, we ordered increased quantities of Rochelle salts, and an enama of cold water once every 4 hours until they should be moved briskly. The former prescription and a daily application of the saline bath, were continued, and the appetite having improved, the patient was orderd a liberal allowance of animal broth.

Aug. 6th. The patient still better and evidently gaining flesh. The abscess in the groin has greatly diminished in size, also the ulcer over the sacrum and in the thorax, are contracting, and exhibit a more healthy appearance. The bowels have moved quite freely since last visit, and the evacuations appear healthy. The former medical prescription and hygienic regulations are to be continued. The sores were touched with a sol. of Nit. of Silver. Compresses wet in vinegar applied to groin.

Aug. 9th. The patient appears to be in good health. The appetite is good, the bowels are regular, the skin is warm and lively. The sores have all healed, except the one on the back, which is nearly closed. Deglutition is easy, and the little fellow runs about the house in a playful manner. From this time on, his improvement was rapid, when on the 18th, finding he had no remaining symptom of disease, he was discharged.

This is an extreme case of struma, under which the patient would have shortly succumbed, but for the relief afforded by the treatment above detailed. In the estimation of some, it may perhaps seem, that the rapid amendment in this case, was due to the medicines employed; but we have a very different opinion: we even doubt whether the medicines (except those which served to regulate the bowels,) accelerated the cure. The great obstacle to success, and the chief object for peculiar treatment in these cases, is the strumous diathesis or constitution, and as this consists in a degraded condition of the blood plasma, or nutritive material, induced by bad air, bad food and bad clothing, the necessity for an invigorating and nourishing treatment and regimen is obvious. In the habitations of the poor, these cases are often seen by almost every practitioner, and there will be no difficulty in comprehending the almost universal failure of *medicines* to cure the disease amongst those who cannot avail themselves of appropriate hygienic regulations. We have frequently prescribed Iodine, Iron, Cod Liver Oil, Tonics, and other mineral acids, in cases of struma, where patients were compelled to remain under the influence of those debilitating causes referred to, which originally induced the disease, and we

have never known them to do any good. On the other hand, when we have been able to give our patients *good air*, which, for obvions reasons, we regard first in importance, *good food and comfortable clothing*, it has seemed to matter little, which, amongst the several remedies recommended in these cases, was given. Our patients have uniformly rapidly recovered, and we, consequently, base all of our hopes in the the treatment of struma, upon the certainty of removing our patient from his filth and rags, or the poisonous atmosphere where he has inhaled the disease. It would be an interesting question to determine how far some celebrated remedies are indebted to changes of this kind, for the reputation they have obtained.

Malarious Fever. Joseph Weld, German, house servant, aged 19, admitted July 31. His constitution was strong and vigorous, but six days before admission into the Hospital, he had suffered from a severe diarrhœa, which had been arrested by the ordinary means, in 48 hours. From this he had nearly regained his strength, when, on the fourth day from the time he resumed his usual occupation, he was taken with a severe and protracted chill, followed by intense fever, pain in the head and limbs, nausea and vomiting, extreme thirst, quick and frequent pulse, furred tongue, with red edges, dry skin and icterode appearance of the conjunctiva. In this condition I found him, about 12 o'clock, M., an hour after his admission. Upon strict inquiry, I found that on the two preceding days, he had felt slightly indisposed in the afternoon, and regarding this as an indication of the periodical type of the disease, and seeing no strong tendency to local complication, I concluded to order soothing applications and to wait until the febrile excitement began to subside, before putting him upon the use of quinine. A seidlitz powder, containing 20 drops of spirits of nitre and one-sixth of a grain of sulph. morph. was given, and the attendant directed to sponge the surface of body freely with tepid water. We called again at 6 o'clock, P. M., and found our patient much more comfortable. The bowels had operated once during the afternoon, the evacuation exhibiting a bilious and consistent appearance: the skin was moist and the stomach tranquil. The pulse was still frequent, yet quite soft, but he was restless and complained of pain over the eyes. Ordered the following prescription to be repeated once in four hours, until our morning visit.

℞. Quinine Sulph. scru. jss.
Ipecac. Pulv. grs. ij.
Morph. Sulph. " j.
M. Div. in Chart No. 4.

Aug, 1, 9, A. M. Patient rested well through the night. Was

free from pain and in a copious sweat. The pulse, however, was frequent and quick, and the conjunctiva was more deeply tinged with bile. The ringing in the ears and peculiar sensation in the head, indicated the existence of quininism, and we therefore did not renew the prescription of yesterday, hoping the febrile paroxysm would be held effectually in abeyance. He was ordered effervescing draught, to be repeated every three hours until the bowels moved.

Called down in the evening to visit a surgical case. We found our patient with intense fever, and an exaggeration of all the symptoms before enumerated; especially the icterode appearance of the skin. We never saw a case in which the capillaries were so universally injected with bile. The fever, without any preceding sense of coldness, had risen at 11 o'clock, notwithstanding the system was under the influence of quinine, and had attained an increased intensity; the patient was somnolent, and there had been several small water stools during the afternoon. The state of the skin, was sufficient evidence to us, that however fully quinine met the indications usually presented, there was a difficulty about the portal system, incident to this particular case, which it was not competent to remove. This difficulty seemed adequate to perpetuate the disease, independent of malarial influence; and it was consequently necessary to direct our attention to it. A careful examination of the right side failed to detect any fullness there, and the most accurate and determined pressure over every portion of the right hypochondrium, was borne without any complaint of soreness or pain: likewise, pressure failed to elicit any pain in any portion of the abdomen. Having evidence from the nature of the excretions, that no bile found its way through the common duct, and inferring from the symptoms present, that duodenal inflammation, involving the canal, was the cause of trouble, we ordered the following prescription:

℞ Hydr. Chl. Mit. grs. xx.
Morph. Sulph. " i.
Ipecac. pulv. " vi.
M. Div. in chart No 10; one every 2 hours.

At the same time to reduce the morbidly increased temperature of the skin, and to promote perspiration, we ordered the surface to be freely sponged with cold water; and to relieve the urgent thirst, cool lemonade was permitted.

Aug. 2, 9 o'clock, A. M. Patient comfortable; fever slight; bowels not moved since 10 o'clock in the night. Last prescription continued, with the exception of the morphine. Tepid fomentations were ordered to be applied to the epigastric and hypochondriac regions, after the free application of cups.

Aug. 3, 9, A. M. Patient had less fever since last visit than any previous 24 hours, since he was taken. At 4 o'clock, P. M., had a copious evacuation of a black tenacious character, followed by immediate subsidence of febrile excitement. Between 10 and 11 at night, there were two discharges of the same kind. He was quite aroused this morning: the head was clear and the pulse slow and full: there was but little thirst, and he desired nourishment for the first time since admission. The yellow appearance of the skin was evidently disappearing. Ordered the following pill once in 4 hours.

Hyd. massa.	grs.	xii.
Rhei	"	xvi.
Ipecac. pulv.	"	vi.

M. Ft. Pil. 6.

Aug. 4. No fever since last visit. Free perspiration came on during afternoon, yesterday, and continued ever since. The head was clear, appetite improving. Two operations from the bowels; skin becoming clear.

From this time the patient steadily improved, having no fever after the fourth day from admission. On the 12th he left the Hospital well.

This case, similar in many respects to what is met with in every day practice during the autumnal months, presents, nevertheless, one point of special interest: that is in relation to the use and effects of quinine. Notwithstanding the essential anatomical character of remittent fever is but little known, and different observers have come to different conclusions, as to the pathogenic tendencies developed in its course, it is held by a large proportion of western practitioners, that there is but one pathological element, a knowledge of which is of any practical importance in its treatment: that is, the primary and sustained condition of the system produced by malaria. The influence of this morbific cause giving rise to defective innervation in the first place, and leading to impeded action of the heart and lungs, with imperfect decarbonization of the blood, is known to be fully under the influence of the sulphate of quinine: there is no other example in the range of practical medicine, which affords such satisfactory adaptation of therapeutical means to pathological conditions, as the use of quinine, in all forms of disease coming within the range of malaria. It is not, therefore, surprising, that charmed with its effects in the great majority of instances, practitioners should make it a universal resort, and overlook those concurrent diseases, which are often marked by the more visible phenomena of malarious disease. It is no doubt true, that all the complications which have been noticed in remittent fever, as lesions of the brain, lungs and abdominal viscera, may be only a further

effect of the primary morbid action of malaria; yet we think it is equally true, that pathological conditions may coexist which are independent of it; and when they do, they may prove rebellious to the ordinary treatment. We may give quinine and neutralize the malaria, yet the onward progress of the disease may not be interrupted. We think the case before us exemplifies these views, and for this reason, have said more than its importance may, at first thought, seem to demand. When quinine, in sufficient quantities, does not arrest the febrile paroxysm before its second, or at farthest, third recurrence, we must look for other elements of disease besides that to which it is an all-sufficient and unfailing antidote.

Dysentery. Caroline Sanders, a widow, aged 35, sanguine temperament, robust constitution, was admitted Aug. 13th, 1851, laboring under extreme symptoms of acute dysentery. Her habits are good, but her daily labor, upon which she is compelled to rely, is not sufficient to supply her with the comforts of life: she was moved from a small filthy hut, on the bank of the river, from the floor of which the water had lately retired; and in this damp, noxious apartment, with scarcely food to sustain life, she was seized with the disease three days before admission to the hospital. Dysentery has prevailed as an epidemic in this city, during the latter part of the summer. Symptoms on day of admission were as follow: Intense fever, severe pain in the head and back, thirst urgent, hot and dry skin, pulse frequent and firm, constant desire to go to stool and every effort attended with the most agonizing tenesmus; great tenderness of the abdomen, especially over the course of the descending colon, and difficult micturition. She had taken from her physician, on the day before admission, calomel and opium without relief. The discharges were small and consisted wholly of mucus and blood. The following prescription was ordered:

Cupping freely over the track of the colon; morphiæ sulphas one-fourth grain, with one grain of ipecac; after each evacuation, until the bowels were tranquilized, and after that, every two hours, an enema of half a grain of morphine in two ounces of mucil. acacia, every three hours; sponge the skin with cool water; apply fomentations to the abdomen and allow the patient cold water *ad libitum*; no nourishment till next morning visit.

Aug. 14. 12 M. Patient comparatively comfortable. The fever is not so intense, and the symptoms generally are mitigated, but the tenesmus is still present, with soreness of the abdomen upon pressure. The discharges exhibit the same appearance, but the urinary difficulty has passed away. Ordered free cupping of the lower part of the ab-

domen, and a continuation of the first prescription. A little tapioca was allowed.

Aug. 15. Patient much better this morning. Slept well after 12 o'clock, and has had no desire to go to stool since 2 o'clock, A. M. There is little fever, the pulse slow and soft; no thirst; slightly narcotized. Half the quantity of morph. with ipecac. was given at intervals of six hours, to maintain a calmative influence, and the injection ordered, only after an attempt at stool. The fomentations were continued, diluent drinks allowed, with arrow root, or tapioca, for nourishment.

Aug. 16, 10 o'clock, A. M. Found patient perfectly calm this morning; free from pain or fever; pulse slow and soft; tongue clearing off; no tenderness of abdomen, and no evacuation from bowels since last visit; appetite good. All medicine was now withdrawn. The patient is to remain in bed until next visit, and restrict the diet to farinaceous articles, as before.

Aug. 17, 12 o'clock, M. Patient sitting up in bed; feels well; appetite good. Had small evacuation this morning, at six o'clock, without pain, but attended with slight straining. Aromatic syrup of rhubarb ʒi., was ordered, and as the patient was much debilitated, she was allowed small quantities of animal broth. Quietude was enjoined.

Aug. 18. The bowels eperated once quite freely, and without pain, in the early part of the night. The patient is sufficiently recovered to leave the Hospital, which she did in the evening, with directions to find more comfortable quarters, until her health was fully re-established.

We have selected the above, from a number of cases of dysentery treated in the Hospital during the last six weeks, for the purpose of illustrating a course of treatment, which, in our hands, has proved infinitely more successful, in this disagreeable and dangerous disease, than any other we have tried. The case of Mrs. S. seems to present all the phenomena of the acute form of the disease, commencing under circumstances calculated to favor the violence and rapidity of its subsequent course. We need not allude to the established pathology of dysentery, as every one knows, that even in *sporadic* cases the lesions incident to it, are such as place life in the utmost peril, and by their obstinacy and persistence greatly perplex and embarrass the medical practitioner. But when to these ordinary and inherent dangers, is added that malign element, present in virtue of an *epidemic* prevalence of the disease, the obstacles to successful management are still greater. There is, perhaps, no disease, which the practitioner would not rather meet (except epidemic cholera) than epidemic dysentery, and the

sense of difficulty in its management, is always augmented by the discrepancy which we find in standard authorities, as to the remedial means to be applied. Called to a case of dysentery, the practioner prescribes some common place remedy, under the impression that it will meet the existing indications; but when he calls the next day he finds his patient but little better, or perhaps the symptoms may be masked by the use of anodyne remedies; this stimulates a continuance of the same prescription. On the third or fourth day, however, he finds that the patient still has fever, tenderness of the abdomen and painful discharges of mucus and blood. He is now satisfied that something else is to be done, and he changes the treatment; and after another three or four days he finds the patient still without any mitigation of his disease. He is now uneasy, and applies to his books and there finds recommended all the plans which have been followed since the days of Hippocrates. He begins to make his selections, and carries the patient through, perhaps half a dozen of them, giving each three or four days trial. It is not surprising that many constitutions are incapable of running this gauntlet, and succumb to the disease. This is a faithful recital of what we have seen, and we have often heard gentlemen say, in consultation over a patient in *articulo mortis*, that several times during the progress of the disease, they were on the point of bleeding or cupping the patient, but were deterred from the fact that the disease seemed on the point of yielding, or by some objection of the patient.

We have reported the case of Mrs S. that we may have occasion to say, that after passing through a severe epidemic of dysentery, and treating over 40 cases, without a single fatal result, we are convinced that the course detailed, is the best and most successful that can be adopted. But to be so, it must be persevered in. Let no case of acute dysentery pass the first day without a free cupping over the course of the colon. General bleeding from the arm is not always necessary, especially in the epidemic form of the disease; but cupping can rarely be dispensed with, and should not be waived on account of any objections of the patient. Opiates, which, *without this preliminary step*, often do little more than hold the symptoms in abeyance for a short time, *after it*, exercise a powerful curative influence; and the difference in their operation and effects, based upon this consideration, is often the difference between life and death. We should not be deterred by apparent debility in the first stage, from free local bleeding. We have an acute inflammation, establishing a tolerance of this proceeding, and we have never seen a patient's debility increased by it. We prefer the form of opium above given, to any other, and always persist in its use until

the indication which renders its administration necessary, is fulfilled.

Gastralgia. Jay Mount, aged 45, laborer, of intemperate habits, was admitted Aug. 15th, with severe pain in the epigastric region. He was attacked the day before admission, without any appreciable cause. Has not been intoxicated for two months past. The pain was exceedingly severe, confined to the region of the stomach, and came on in paroxysms. The first paroxysm compelled him to quit work and go to bed, and they continued to recur, about every two hours, until he came into the the house, with occasional vomiting during their intensity of every thing that was taken into the stomach. This inability to retain liquids was a prominent symptom, when we first saw him, and, upon examination, we found there was great tenderness over the stomach, *increased* by pressure.

There was considerable exhaustion; the tongue was clean and appeared natural in every respect; the pulse was 76 in the minute, and soft; the bowels were regular, and during the painful periods, which usually lasted nearly an hour, he would break out in a copious perspiration. It was evident that he was laboring under exalted irritability of the gastric tissues, with, perhaps, increased and vitiated secretion from the gastric mucous membrane. The following prescription was directed:

℞. Quinine Sulph. grs. xxiv.
Morph. " " ji.

M. Div. in chart. No. 4. One to be taken after every paroxysm.

Previous to the administration of these powders, a cloth wet in a sol. of Morphine in chloroform, was laid over the stomach and covered with oiled silk. The first powder was retained, no drinks being allowed but a small quantity of camphor water. Warm fomentations were ordered to the feet.

Aug. 16. Patient free from pain. Has had but three paroxysms since last visit, gradually growing lighter till the last, which occurred at 2 o'clock, A. M. He bears firm pressure upon the stomach without pain; the tenderness has entirely disappeared. No disagreeable sensation in the stomach, and he desires food for the first time in three days. The patient had no return of the painful paroxysms, but continued to improve until the 19th, when he was discharged cured.

This was evidently a well marked case of gastralgia, due, probably, to malarial influence. It is interesting, in presenting an exception to the declaration, that, in this disease, pressure upon the region of the stomach, *relieves pain.* Pressure increased the pain, and the tenderness was such as would, without other symptoms and negative evidence, have indicated the existence of gastritis. That the diagnosis

was correct, is proved by the prompt relief following the administration of those remedies which subdue morbid irritability of the nerves. The great tenderness, and constant ejection of fluids, may have been caused by some peculiar morbid condition of the stomach, induced by the excessive use of ardent spirits.

ART. V. *Extracts from the Records of the Boston Society for Medical Improvement.* By WILLIAM M. MORLAND, M. D., Secretary.

MARCH 10. *Variola in the pregnant female, between the seventh and eighth month of utero-gestation; disease not communicated to the child.* Dr. Storer said, that, several years since, he reported a case to the Society, where a woman, just recovering from *varioloid*, gave birth to an infant which was covered with the eruption of *variola*, and died from the effects of the disease in the course of the week after its birth.

Numerous cases might be cited, from various authors, showing the contagion to have been thus transmitted.

On the 19th of December last, Mrs. W., between seven and eight months pregnant, was attacked with small-pox ; the eruption was making its appearance when Dr. S. first saw the patient. She had the disease very severely, and miscarriage was apprehended. No such accident, however, occurred, and she went safely to the termination of her pregnancy. Dr. S. anxiously awaited her delivery, dreading that the child would exhibit the marks of the infection. On the 28th of January, 39 days, or five weeks and four days, after the appearance of the eruption in the woman, she was delivered of a fine looking, healthy child, without the slightest trace of any intra-uterine disease. Dr. S. has vaccinated the infant *twice*, unsuccessfully, although the virus was inserted into the arm before it had dried upon the quills.

MARCH 24. *Oil of Turpentine in excessive dose.* Dr. Parker reported the case. E., aged twenty-six, married, glass-cutter, robust, sanguine, temperate, chews tobacco, and smokes. Has been in the habit of taking as a remedy for pyrosis, to which he is subject, first, a "lump of rosin as big as a nutmeg," followed by "half a tumbler-full of spirits of turpentine" (ol. terebinth. fl. oz. iv.) This dose invariably "helps him." He once repeated this quantity, three times in twelve hours, without any known injury resulting. Feb. 5th, 1851 :— Went yesterday to a turpentine factory, and took his dose in somewhat of a hurry ; using the spirit as it ran fresh from the still ; thinks he took a little more than usual. Was soon attacked with dizziness, a sensation of extreme weakness, and pains all over his body, particularly in the region of the kidneys and bladder ; he fell in the street, while going to an apothecary for relief ; took a large dose of spts. æth. nit. without benefit. In the evening he walked to Dr. P.'s house with difficulty ; complained mostly of pain in hypogastrium, and difficult and painful micturition ; some dizziness and prostration ; other symptoms not marked ; advised to go to bed, to take pulv. ipecac. et opii, grs. xij, statim ; and inf. lini. sem. ad lib. Feb. 7th, patient called, and said he was immediately and completely relieved ; a fellow-work-

man came with him, to certify to the quantity of turpentine and rosin he is in the habit of taking.

Dr. Abbot remarked that he had known a "hard drinker" to take *oil of turpentine* and *camphine*, in large quantities, with apparent impunity. In the above case the patient is stated to be temperate.

April 28. *Extensive Mammary Inflammation.* Dr. Coale.—Mrs. B., aged twenty-six, primapara, had been affected for several years, with an irritable state of the breasts, causing them to swell and become very painful whenever she took cold. After an easy confinement, she did well until the third day, when an inflammation set in, affecting both mammæ, causing them to become enormously enlarged, hardened and painful. The tenderness was so great, that the elbows could not be separated from the side more than six inches. After the application of twelve leeches to each breast, a surface on each, two inches wide and six inches long, was painted with cantharidal collodion, and a profuse discharge established from the blistered surface. The effect was very happy, the inflammation so rapidly and totally subsiding, that the patient nursed her child within ten days of its birth. —*American Journal Medical Science.*

ART. VI.—*Linimentum Ammonia in Croup.* By Charles H. Cleaveland, M. D., of Waterbury, Vt.

As *Cynanche Trachealis*, even at the present day, and with all the advantages of ages of observation and scientific experiment, remains, not only a frightful disease, when viewed by the anxious eye of the mother and unprofessional friends, but too often is quickly fatal under the care of expert and scientific physicians; I have thought it might be well to call the attention of the profession to a remedy not often mentioned, that has seemed to produce immediate relief even in very grave cases, and which, as it can be tried without injury to the patient, or interruption to other modes of treatment; and as the remedy is nearly always at hand, may be made productive of benefit to many. I refer to the common *Hartshorn Liniment* in every day use as an external application.

Without entering into the pathology of Croup, which would obviously be out of place here, I will barely refer to a few of the more prominent indications in the treatment of that disease.

If we add nitrogen to the air inspired, we quicken the energy and power of the system, and thus enable it to continue the struggle with the disease. If we apply a caustic to the diseased mucous membrane, we may remove the *specific* character of the inflammation, and prevent the formation of the false membrane, if it be not already produced—and if it is formed, we may induce a secretion that will tend to separate it from its attachments and aid in throwing it off. If we apply a powerful local stimulant, we act upon the bloodvessels and cause them to contract, and thus remove the local congestion, and allow the exhalents to throw off their normal secretion and lubricate the dry air-passages. If we administer an emetic, we do so for the purpose

of removing any crudities that may be in the stomach irritating its nerves, but mainly to produce an immediate and decided impression upon the whole circulatory apparatus, and thus remove any local congestion or spasm that may exist; and finally, that we may act sympathetically upon the vocal and respiratory organs.

By giving a child a teasponful of this liniment, we apply, locally, an efficient caustic and stimulant, both to the throat and the entire bronchial ramifications as well as the stomach, that not only almost instantaneously acts to change the nature of their secretions, and increase them in volume, but we give one of the most speedy emetics I ever administered—in fact, I have known it to produce vomiting usually as soon as it reaches the stomach.

The other indications above noted are also happily answered; and what is still better, the remedy can again and again be repeated without injury to the child.

Since I have made use of this mixture,—some four years—I have never had cause to regret its administration; neither have I made a trial of anything in its stead during this time, to give the child relief from the *prime* source of its distress. Of course, other remedies are usually needed to remove derangements of the system and restore the child to a healthy condition; but as these are to be modified by the varying condition of each individual case, it is not necessary now to particularize further.

ART. VII.—*Diagnosis between Spasmodic Asthma and Submucous Laryngitis or Œdema of the Glottis.*

A. *Symptoms in common.* The patient is seized with a fit of suffocation, which soon attains its highest degree. The countenance becomes congested, the eyes starting from the orbits, and at the same time the extremities become cold; in short, presenting the appearance of asthma in its severest form.

B. *Distinguishing Symptoms.*

In Œdema of the Glottis.	In Asthma.
1. Inspiration produces no painful sensation of the chest, but only in the larynx, to which the patient refers all his difficulty of breathing.	1. The impediment to inspiration is proved to be not so much in the larynx as in the chest.
2. Every effort to draw in the breath is accompanied by a wheezing sound.	2. Inspiration takes place without any peculiar sound in the larynx.
3. Expiration goes on uninterruptedly.	3. Expiration and inspiration are equally difficult.
4. The patient thinks there is some large foreign body in the larynx, which he would gladly get rid of.	4. No sensation as of a foreign body in the larynx.

In Œdema of the Glottis.	In Asthma.
5. The suffocative attack lasts only from two to four minutes.	5. The asthmatic attack lasts several hours.
6. It returns in from five to ten minutes.	6. It returns at the utmost in about every twenty-four hours.
7. The cough is dry and of a croupy sound.	7. The cough moist and with the usual sound.

Dublin Journal.

ART. VIII. *On a Substitute for McMunn's Elixir of Opium.* By Eugene Dupuy, Pharmaceutist, New York.

Within a few years the use of this preparation of opium has been much extended in the United States, through the medium of the press, as well as through the commendation of a numerous class of our practitioners, who found it to possess a sedative property which the ordinary Tincture of Opium does not possess in a similar way. Yet many amongst them reluctantly made use of it, from the fact that its mode of preparation was kept from the public, and that the usual abuse of such preparations, fostered by *directions for use without need of medical aid*, by mothers. nurses, etc., was a great objection to its employment by that class of practitioners who want to *know, not only* what is the effect of the medicines they administer, but also, what are their component parts, and how are they prepared. Having such men among the physicians honoring my establishment with their custom, I have endeavored to prepare for their use, substitutes for some of the nostrums possessed of some efficacy. As a result of my endeavors, I will state that my substitute for McMunn's Elixir has been tested for about six years, and that it has been found to possess the sedative property peculiar to it, without any of the unpleasant effects attributed to Laudanum.

The late Dr. Smyth Rodgers, formerly professor in the New York College of Pharmacy, during his painful illness, had frequent recourse to it, and even preferred it to McMunn's preparation, according to his attending physician's statement, although he had, at first, great reluctance to try any thing else. An advantage in my substitute is, that its manipulation is exceedingly simple, and that a country physician, having at hand the necessary ingredients, can prepare it as well as the more expert pharmaceutist. I prepare it as follows:

Opium,	℥x.
Water,	q. s.
Alcohol, 95 p. ct.	℥iv.

The opium is to be made into a thin pulp with water; the mixture allowed to stand in a cool place 48 hours, then transferred into an elongated glass funnel containing filtering paper; a superstratum of water equivalent to the bulk of the whole mass is added. When 12 ounces of liquid have been filtered, the alcohol is added to the filtered solution.*

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* The proportion of opium is the same as that in Tinct. Opii of the U. S. P.

About two-thirds of the substance of the opium is contained in the solution. The residue, consisting chiefly in resin, caoutchouc and narcotina, together with the ligneous matter. Consequently, my substitute is nothing more or less than an aqueous solution of opium, nearly free from narcotina, preserved by alcohol.

Various names could be devised for it, but as it is intended to represent an article already used under a popular name, perhaps the appellation of "Elixer of Opium" might be retained for it, if no other be suggested better adapted.—*Amer. Jour. Phar.*

ART. IX.—*Cod-liver Oil in Scrofulous Affections.*

Dr. Hays stated to the Philadelphia College of Physicians (Feb. 6, 1851) that he had employed the cod-liver oil extensively, in the Wills' Hospital and in private practice, during the last three years, in scrofulous ophthalmia, in cases of granular lids, in scrofulous enlargement of the external glands, in cases of hip disease, and in the various forms sf external scrofula, with the best effects. In scrofulous ophthalmia he had found it of all remedies the most efficacious. Under its use the constitution becomes invigorated; the glandular swellings are dissipated, and the cutaneous affection so commonly met with about the face and ears disappears. He has, also, employed it in several cases of granular lids with the most favorable results. In this affection, patients are very liable to relapse, from slight causes; this tendency he has found to be removed by the use of the cod-liver oil, alone, or in conjunction with the syrup of the proto-iodide of iron. In the case of a lad now under treatment, affected with scrofulous enlargement of the cervical glands, chronic conjunctivitis, and granular lids with deposite of lymph in the cornea, and intense photophobia, by the use of the cod-liver oil and proto-iodide of iron, with the occasional application to the eye of the liquor plumbi, all the symptoms of disease are rapidly disappearing. The patient can bear the light without inconvenience, can read small print, and has all the appearance of restored health. He has escaped a relapse now for four months. The photophobia has disappeared entirely. In another case of excessive photophobia, with granular lids and penetrating ulcer of the cornea, the cod-liver oil has been used (at the suggestion of the *interne* of the Wills' Hospital, Dr. McIntyre) with the most decided advantage.

Dr. H. has now employed the cod-liver oil in from two hundred to two hundred and fifty cases of scrofulous ophthalmia and granular lids, and in most of these cases, the benefits resulting from its use has been most striking.—*American Jour. Med. Sciences.*

ART. X. *Hepatico-renal Circulation.* Discovery by M. Bernard.

We find the following announcement in the *American Journal of Medical Science,* for July:—M. Bernard has discovered the existence of a communication between the portal vein, the ascending cava

and the kidneys, by means of which the urine is secreted from the blood which has not yet passed through the general circulation. This communication explains the rapidity with which substances taken into the stomach find their way into the urinary secretion, and also how it is that poisons taken into the alimentary canal are sometimes fatal and at others not, as well as why the presence of certain substances given to animals should be detected in the blood at one time and not at others. According to his view "the renal veins have a double duty to perform; during the time of abstinence they conduct the return circulation from the kidneys; during digestion they act as arteries just as the pulmonary veins do for the lungs, and the portal vein for the liver. In effect, during the reflux of blood mentioned above there is a distinct pulsation perceivable in the cava and in the renal veins. This, though difficult to show, yet may be seen by killing a rabbit during digestion and opening immediately the abdominal parietes.

"As M. Bernard remarked, when one reflects upon the matter, it is not so much to be wondered at, if we recollect that in fish and in reptiles there exists a porto-renal vein by which a certain quantity of blood passes directly to the kidneys from the mesenteric veins, only a portion being sent to the lungs."

ART. XI.—*Neuralgia in the Face and Toothache.*

A very short time since, the French medical papers were very busy in discussing a new method of curing sciatica, which consisted in cauterizing the ear. Very respectable names, and numerous cases, supported this extraordinary procedure. We have now another startling manner of dispelling both neuralgia in the face and toothache; it consists in merely touching with a blunt probe the membrana tympani. The author of this method is M. Desterne, who has published in the 'L'Union Medicale,' the rise and progress of his discovery, accompanied with numerous cases, which are extremely surprising. The most intense toothache connected with decayed teeth, is relieved in a moment by the magic touch of the membrana tympani; agonizing neuralgia of the face, one of six months, the other of two years and a half standing were cured in an instant by the same means; hemicrania vanishes, and quinine is left far in the back ground. These sudden effects are supposed to be obtained by the agency of the corda tympani nerve.—*London Lancet.*

ART. XI.—*Chloroform in Gonorrhœa.*

M. Venot recommends injections of chloroform as an *abortive* treatment in gonorrhœa, that is to say, of arresting it in the earliest period of its developement; and thinks that it will replace the nitrate of silver, which is so frequently employed for this purpose. Pure Chloroform is injected by a glass syringe, the perineum being pressed upon; the first effect is burning heat, then a sensation of cold follows. The injection does less good after the first two or three days of the gonorrhœa has passed; but employed before that time, it almost invariably arrests it. Injected into the vagina, the results were less satisfactory. —*L' Union Med.—Am. Jour. Med. Sci.*

Editorial and Miscellany.

Proceedings of the Sixth Annual Meeting of the Superintendents of the American Institution for the Insane.

This Association met in Philadelphia, in May last, and was composed of about thirty persons, most of whom were Superintendents, but all closely connected with, and concerned in, the government and management of these humane enterprises.

The reported proceedings of this last assemblage of the Association, composed of men of the first scientific attainments in the country, are highly interesting and important; and we believe that the results of their labors will exert a most happy and salutary influence upon these institutions, in rendering them, if possible, still more effective, and in enabling them to dispense, more and more, their benefits and blessings among our unfortunate fellow-men.

Our limits will only allow of a synopsis, and yet, a proper regard for the great importance of the subject, and an abiding sense of duty, forbid that they should pass unnoticed. Besides this, in some recent movements of the Legislature of this State, Iowa is looking forward, with anxious hopes, for the erection and establishment of an institution of its own; and as there are some valuable suggestions contained in these procedings, it were well to avail ourselves of their benefits.

Dr. Galt, of the Eastern Asylum of Virginia, read a paper before the Association, on the impropriety of treating the insane in the same building with persons afflicted with other diseases. The paper itself is not given, but will be forthcoming through the columns of a journal devoted exclusively to the discussion of these subjects.

The practice of mingling the insane with others who are afflicted with other physical difficulties, in the same hospital, has been, and still is, too often allowed. It has been, in many cases, the result of necessity, but much more frequently, we fear, from indifference and neglect; or, what at this enlightened period is equally culpable, a want of a proper understanding of the subject. It is highly reprehensible, and, whenever practiced, should, as soon as practicable, be abandoned, for the following among other obvious reasons:

I. The building requires to be differently and more carefully constructed.

II. The police arrangements should be more rigid. A special class of attendants is necessary for the insane, whose vigilance should never sleep, and whose care and attention should be unremitting. The time, therefore, required to attend upon the wants and necessities of those laboring under other physical ills, might prove detrimental, and often

fatal, to the best interests of the former. Besides those, there is a peculiar tact required, on the part of attendants, in the successful management of the lunatic.

III. The class of persons usually admitted for treatment into hospitals, afflicted with the various ordinary diseases, are generally illiterate and very often inconsiderate. The unrestrained freedom, properly allowed to a certain class of the insane, would bring them into contact, daily, with a certain *other* class of patients, which are found in our hospitals, perhaps convalescing and naturally irritable; the crippled and others just able to leave their wards, who, from a want of a just appreciation of the condition of their fellow inmates, would be tempted to indulge in railing and coarse epithets, to the manifest injury of the poor lunatic, whose mental wanderings and unmeaning observations should be treated with respectful attention, and when addressed, to be done in tones of gentleness and in the language of kindness.

IV. Persons are often admitted into hospitals, laboring under contagious or infectious diseases. The depressed condition of the vital energies of a large majority of insane patients, predisposes them to epidemic invasions. Nothing but the excellent sanitory regulations adopted and unremittingly followed in our American institutions, saves them from these deplorable visitations. Yet some of them, notwithstanding their adherence to these rules, have severely suffered on account of the great difficulty in their treatment, and it is to be regarded as an unfortunate circumstance, when an epidemic finds its way into their midst.

V. The well-being of the other class of patients demands, if for no other reason, the entire separation. In a moment of sudden excitement on the part of one, subject to occasional paroxysms of phrensy, some poor, bed-ridden, defenseless being might suffer at his hands. Their loud outcries and vociferous ravings too are hostile to that quiet and repose so desirable and so essential to the comfort and final restoration of many laboring under particular forms of disease.

These, with other substantial reasons which might be adduced, render it necessary that the insane should be provided for and treated separately, from those laboring under other afflictions. We have long been impressed with this truth, and have taken occasion heretofore to speak of its necessity, and of urging the impolicy, to say nothing of the inhumanity, of placing the insane in poor houses and common infirmaries.

After the reading of Dr. Galt's paper, Dr. Patterson, the efficient Superintendent of the Indiana Insane Hospital, offered the following resolution pertinent to this subject:

Resolved, That it is the duty of the community to provide, and suitably care, for all classes of the Insane, and that in order to secure their greatest good and highest welfare, it is indispensable that institutions for their exclusive care and treatment, having a resident Medical Superintendent, should be provided; and that it is improper, except from extreme necessity, and as a temporary arrangement, to confine insane persons in County Poor Houses, or other institutions, with those afflicted with, or treated for, other diseases, or confined for misdemeanors.

Dr. Kirkbride offered a resolution, embracing a series of propositions, or suggestions. proper to be observed in the erection of Asylum buildings. These suggestions are most valuable, and exhibit, on the part of their author, much experience, and an improved judgment.

These hints, we hope, will not be entirely lost upon ourselves, in coming time. Touching these propositions, Dr. Hanbury Smith, of the Ohio Lunatic Asylum, offered the following resolution, and in accordance with its spirit, we cheerfully give them a place in this journal:

Resolved, That the Secretary be instructed to cause the propositions now adopted, in reference to the construction and arrangements of Hospitals for the Insane, to be published in the Medical Journals of this Continent, as the sentiments of this Association, on the subject referred to.

I. Every Hospital for the Insane should be in the country, not within less than two miles of a large town, and easily accessible at all seasons.

II. No Hospital for the Insane, however limited its capacity, should have less than fifty acres of land, devoted to gardens and pleasure grounds for its patients. At least one hundred acres should be possessed by every State Hospital, or other Institution, for 200 patients, to which number these propositions apply, unless otherwise mentioned.

III. Means should be provided to raise ten thousand gallons of water, daily, to reservoirs that will supply the highest parts of the building.

IV. No Hospital for the Insane should be built, without the plan having been first submitted to some Physician or Physicians, who have had charge of a similar establishment, or are practically acquainted with all the details of their arrangements, and received his or their full approbation.

V. The highest number that can with propriety be treated in one building is two hundred and fifty, while two hundred is a preferable maximum.

VI. All such buildings should be constructed of stone or brick, have slate or metallic roofs, and as far as possible be made secure from accidents by fire.

VII. Every Hospital, having provision for two hundred or more patients, should have in it at least eight distinct wards for each sex,—making sixteen classes in the entire establishment.

VIII. Each ward should have in it a parlor, a corridor, single lodgings for patients, an associated dormitory, communicating with a chamber for two attendants; a clothes room, a bath room, a water closet,

a dining room, a dumb waiter and a speaking tube leading to the kitchen or other central part of the building.

IX. No apartments should ever be provided for the confinement of patients, or as their lodging rooms, that are not entirely above ground.

X. No class of rooms should ever be constructed, without some kind of window in each, communicating directly with the external atmosphere.

XI. No chamber for the use of a single patient should ever be less than eight by ten feet, nor should the ceiling of any story occupied by patients be less than twelve feet in height.

XII. The floors of patients' apartments should always be of wood.

XIII. The stairways should always be of iron, stone, or other indestructible material, ample in size and number, and easy of ascent, to afford convenient egress in case of accident from fire.

XIV. A large Hospital should consist of a main central building with wings.

XV. The main central building should contain the offices, receiving rooms for company, and apartments entirely private, for the Superintending Physician and his family, in case that officer resides in the Hospital building.

XVI. The wings should be so arranged, that if rooms are placed on both sides of a corridor, the corridors should be furnished at both ends with movable glazed sashes for the free admission of both light and air.

XVII. The lighting should be by gas, on account of its convenience, cleanliness, safety and economy.

XVIII. The apartments for washing clothing, &c., should be detached from the Hospital building.

XIX. The drainage should be under ground, and all the inlets to the sewers should be properly secured to prevent offensive emanations.

XX. All Hospitals should be warmed by passing an abundance of fresh air from the external atmosphere, over pipes or plates, containing steam under low pressure, or hot water, the temperature of which at the boiler does not exceed 212 degrees F.. and placed in the basement or cellar of the building to be heated.

XXI. A complete system of forced ventillation, in connection with the heating is indispensable to give purity to the air of a Hospital for the Insane, and no expense that is required to effect this object thoroughly, can be deemed either misplaced or injudicious.

XXII. The boilers for the generation of steam for warming the building should be in a detached structure, connected with which may be the engine for pumping water, driving the washing apparatus, and other machinery.

XXIII. All water closets should as far as possible be made of indestructible materials—be simple in their arrangement, and have a strong downward ventilation connected with them.

XXIV. The floors of bath rooms, water closets, and basement stories, should as far as possible be made of materials that will not absorb moisture.

XXV. The wards for the most excited class should be constructed with rooms on but one side of a corridor, not less than ten feet wide,

the external windows of which should be large, and having pleasant views from them.

XXVI. Wherever practicable the pleasure grounds of a Hospital for the Insane should be surrounded by a substantial wall so placed as not to be unpleasantly visible from the building.

Which propositions having been duly read and maturely considered, were adopted by the Association.

Dr. Battolph offered several resolutions highly commendatory of the self-sacrificing efforts of Miss D. L. Dix, in her efforts in behalf of the insane, and tendering to her the sympathy and support of the members of the Association, in the further prosecution of her benevolent scheme; which were unanimously adopted.

Such is a very succinct and imperfect synopsis of the proceedings of this learned body of men, engaged in one of the most exalted pursuits known to benevolence and humanity. And when, we ask, will it be the pride and privilege of Iowa, the first of the Western States, to be represented in the Association? Her citizens, as intelligent, as enterprising, as philanthropic, as those of any other State, and yet there stands within her limits no monument of her benevolence, no retreat for the insane, no home for those whose eyes are closed to the light of heaven; no school for the deaf-mute whose mind is shrouded in intellectual darkness. Yet she is rising in greatness, in power, is on the highway of prosperity, is engaged with commendable activity in in-intellectual improvement, in literature and in science. Secure from the burthen of debt, and with vast resources, she will fast escape from the feeble dependence of her juvenility, and stand forth in vigor, efficiency and strength. While enjoying such present benefits and blessings, with such promises in the future, we should not be unmindful that there are those in our midst, whose condition appeals to our liveliest sympathies, for that relief which christianity and philanthropy are under solemn obligations to extend. McG.

Dr. Spencer's Trial for Mal-practice.

We are in receipt of papers from Milwaukie, Wisconsin, containing the proceedings of a trial, instituted in the Circuit Court of Milwaukie county, against Dr. Spencer, for alleged malpractice, in the treatment of a case of acute dysentery.

It appears that during the progress of the disease, a complication resembling necrosis of the lower jaw, made its appearance, which the family of the patient attributed to the administration of "large doses of calomel" the action of which being "neglected," or "unskilfully managed," led to the disastrous result which forms the basis of legal complaint.

It is always a source of deep regret with us, to be called upon to notice these suits for malpractice; for whilst a very small proportion of them may be directed against empiricism, and thus subserve the cause of humanity, the great majority of them rest upon no better ground, than the ignorance and prejudice of those by whom they are instituted. If it should be necessary for us at any time to contemplate a dark and sickly picture of the human heart, and unveil the corruption and wickedness of which it is sometimes capable, we would desire no better opportunity for this exercise, than is presented in the medico-legal investigations of our country. The meanest prejudice, the most abject ignorance, the most pusilanimous envy and malice, often triumph over the reputation and peace of venerable and skillful members of our profession, whose every motive impels them to the relief of pain and affliction. We think we can appreciate the feelings of a noble old veteran in the cause of science and humanity, when arraigned before a legal tribunal, for the malpractice of a profession to which he has consecrated the highest efforts of a cultivated mind, and the benevolent spirit of which he has infused into thousands of medical students, who are now realizing the blessings of science to the people of this country. We can readily believe that the position is humiliating and disagreeable, yet we could almost envy him his place, for we see in the calmness and serene courage with which he meets the storm, that his breast is filled with that ennobling sense of justice and rectitude, which defies the most furious assaults of envy and meanness. But how is it with those who have stimulated this uncalled for prosecution? Perhaps it is some quack, in or out of the regular professiou, who, like the incendiary, applies the torch to the fairest monuments of genius and skill, that he may secure some chance, during the progress of destruction, to enrich himself. Perhaps it is some advocate of quackery whose fictions have perished in the conflict with truth; or it may be that some poor miserable personification of ingratitude has incited the unfortunate family to this strange resort. But whoever it is, if he does not receive the award of infamy from honest men, loses his deserts, and cheats the world of a just vengeance. We are happy to know that the judicial annals of Iowa, are not stained by many such records, and that the people, free from most of the humbugs of the age, are firm in their opposition to quackery.

The charge of malpractice, in this caae, against Prof. Spencer, was evidently hatched from the brain of malice, for it appears it the testimony,

1. That no calomel was administered in any doses whatever, *small* or *large*.

2. That if calomel *had been* administered, it would have been according to high medical authority, and that it was *almost the universal practice* of the medical profession to give calomel.

3. That all needful attention was given to the case by Dr. Spencer,

because it was a case of simple *necrosis;* because *nature, not the Surgeon, was the most important* AGENT *in the cure of such cases.*

But a still further and more satisfactory evidence, that Dr. S. was free from the slightest shade of criminality in this case, is the fact, that in his public lectures he has uniformly condemned the use of calomel as a remedy for dysentery in children, to which some two thousand students can testify. See also American Med. Journal, vol. 14, p. 443.

A great amount of medical evidence is given in the report of the trial, and many authorities referred to, all going to sustain the high character, and well earned reputation of Prof. Spencer; and although we sympathize with any sorrow the proceeding may have caused him, we are satisfied that so distinguished a member of our profession, has been called upon to illustrate its dignity and honor before the tribunals of our country.

Proceedings of Medical Society of the City of Keokuk.

Sept. 28th, the Society met pursuant to adjournment, for the purpose of taking into consideration some plan for the collection of physicians' fees. The committee which had been appointed, reported the following preamble and resolutions, which were adopted by the Society:

Wherever society is organized, there is a necessity for regulations to govern the intercourse of its members, and a necessity for rules to guide their business transactions. These regulations should be adapted to the wants of the different classes which they propose to govern. In this, as in every civilized community, legislators have devised codes of law, which, in their judgment, were best suited to the interests of the people. Though these laws may all harmonize in the ritual, they often act unequal in special cases, and on special classes.

When the effective virtue of the wisest laws thus *fails to reach* the interests of persons for whom they were framed, it should be the privilege of such individuals to so shape their plans of business, as to assume the spirit of the law, advance a step, and stop within reach of its mission.

By that conviction which follows the counting of costs, it is believed the *immunities* of the practicing physician here and throughout the State *are* thus insecurely situated. His every day losses prove they are removed beyond the line of that even justice which gives thrift to other pursuits in this prospering commonwealth. By the numerous changes and revisions of the statute, and the latitude of its several exemptions, the physician's ready and equitable compensation is oftener evaded than secured. So devious is the track of justice, and so prolonged its returns, that his scrip for services rendered, is of infinitely less value than the commonest commodity in market. As his profession is his capital, and his time composing, as it does, a part of this capital, the opportunity of pre-arranging negotiations is not his so to employ. Unlike men in all other pursuits, he is precipitated into the credit of every person indiscrimately, and has no exercise of *choice* in customers.

Why should not his services be equal to the merchant's commodi-

ties? Why should he not be equally worthy of immediate compensation as the day laborer? Certainly, the laborer can be no more worthy of his hire in one instance, than the other.

It is, then, with that spirit and that zeal, which is so commended in the man who provides for his own household, that the members of the Medical Society of the City of Keokuk, deem it expedient to enter into uniform arrangement for the collection of physician's fees; therefore,

Resolved, That all accounts of each practicing physician, six months from date of their opening, be put into the hands of one city collector, whose duty it shall be to attend to this object.

Resolved, That, when necessary, the collector be instructed to draw notes, bearing ten per cent. interest, due one day after date.

Resolved, That accounts against transient persons be put into the hands of the collector for immediate collection, as soon as services are rendered.

Resolved, That the collector be requested to furnish to the Society for its benefit, a list of such persons as are able to pay a reasonable medical bill, but the laxity of whose moral integrity leads them to evade its payment.

Resolved, That the members of this society refuse all fellowship with such neighboring practitioners who will not comply with the above measures.

Resolved, As heretofore it has been the custom, That such medical services as the circumstances of the indigent require, be gratuitously rendered whenever called for. J. MILLARD, *Pres't.*

E. R. FORD, *Sec'y.*

PROFESSOR ARMOR.

We perceive, by frequent papers received from Cleveland, that this gentleman is winning golden opinions from all classes of scientific men, and eliciting by his popular scientific lectures, the highest encomiums from the public press. Wherever he is known, no scientific man in our country meets with a more enthusiastic appreciation. His appointment to the chair of Natural Science, in what is destined to be one of the first Uniuersities in America, is a proud testimonial to his fame; and the brilliant manner in which he has discharged the duties of that difficult position, has marked him as the man of extensive *general* scientific attainments, as well as added to his excellent reputation as a *medical* scholar and teacher.

From the Cleveland "True Democrat," we clip the following conclusion to a lengthy review of his lecture upon some subject connected with the chair:

"The lecture throughout was full of grand thoughts eloquently and impressively uttered. We hope to hear many more such. Prof. ARMOR is a young man of commanding abilities—a chaste beautful and instructive lecturer, and is destined to take high rank among the public Teachers of our city and the West."

To the Medical Profession of Iowa and Wisconsin.

Professor Sanford, now absent on a tour to the East, has been appointed by Prof. T. Reyburn, of St. Louis, an associate member of the Committee of the American Medical Association on the Epidemic Diseases of Missouri, Illinois, Iowa and Wisconsin.

The States of Iowa and Wisconsin having been assigned to our colleague, Prof. Sanford, as his field of inquiry, we take this occasion to solicit for him, reports from the physicians of these States, upon the various Epidemics which have prevailed in their respective regions, since the first of January 1849.

All information will be duly credited. Address "J. F. Sanford, Keokuk, Iowa."

H.

THE

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ART. I. *Stomatitis in Pregnancy and during Lactation.* By D. L. McGugin, A. M., M. D., Professor of Obstetrics and the Diseases of Women and Children, in the Medical Department of the Iowa University.

In the consideration of those changes, and the morbid phenomena, consequent upon, and occurring during, pregnancy and the period of nursing, none has received less attention than the ulcerative sore mouth which occasionally presents itself under these circumstances. Brief and imperfect are the discussions of the subject, even by those who have at all referred to it, excepting the notice taken of it by Drs. Hale and Bachus, to whom we are indebted for many valuable facts.

It is maintained, and by high authority, too, that the disease is not peculiar to this country; which opinion, quite too general, may account for the meagre descriptions of it by some, and the entire neglect of it by others, when treating of the diseases peculiar to this country. It is, doubtless, of rare occurrence in the States and cities of the Eastern Atlantic seaboard; but still it is met with in other portions of our extended country, and therefore demands of the American Medical profession, that careful consideration which the importance of the subject merits. Others regard it as local in its character, and sectional in its invasions: but, whenever and wherever found, it is of such grave importance, that its character should be better known, and its pathology, in relation to which so little is known, should be better understood.

During a residence here of two years, I have met several cases; and, upon inquiry, I find it is no stranger to others. But how far and how generally it may prevail in the West, I am not informed. Why it should appear in particular districts, to what agent, existing there, it is

to be attributed, whether to the presence of miasm, or other local element, has not yet been discovered.

I think it very evident, that whatever influence the particular topography may lend to its production and development in particular localities, the power exerted is but feeble, and can be regarded only as modifying those more potent influences present in the system. This view appears well-sustained by the fact that the disease is relieved when the child is separated from the breast. When we reason from cause to effect, and admit the almost universal applicability of this rule, then it is fair to infer that there is a cause more powerful in its production, than others without, or originating in the region in which it is found to prevail If, then, the separation of the child from the mother, and drying up the lacteal secretion, will prove efficient and prompt in the cure, the chief exciting cause must, in some way, arise out of the process of secretion and its consequences to the system. And yet, as has already been remarked, in particular constitutions, and under particular circumstances, in which it appears, there may exist some favoring influence surrounding, potent enough to mould out, or in some way shape, these particular morbid phenomena.

It is maintained that it is unconnected with any pre-existing state of health, or character of constitution. When we shall be able to group together a large number of cases, and carefully note the temperaments of those affected, we shall be better able to decide. Allowing local causes to constitute the chief agents in its production, then this position would appear a correct one. But my observation thus far, has detected the scrofulous diathesis in all the cases.

It is supposed to arise from a faulty secretion or a defective nutrition of the dermoid tissues. This is no doubt the case; particularly when it occurs during lactation: but at the same time there is always more or less inflammation and congestion of these tissues, and it is an important inquiry, how this should depend upon the condition of pregnancy, or during the period of nursing. Pregnancy *per se* must be regarded as an altered state—strictly a physiological condition. Although a morbid state of a part is an altered condition, yet all alterations are not necessarily abnormal. The altered condition of the uterus is in accordance with physiological laws, and in harmony with nature's appointments and rules. While this is true, these alterations and changes are often attended with, or actually beget, pathological conditions in other organs or structures.

This should not prove a subject of wonder, when we reflect upon the numerous anatomical changes which obtain in the uterus in pregnancy, nor should we be surprised that these morbid accompaniments should

present alarming appearances and uncontrollable constitutional disturbances.

The great augmentation in the size of its vessels, the proportionate developement in the size of the lymphatics, the enlargement of the nerves, the infiltration of serum in its tissues, and the flow of lymph into its cavity in the early months; when we reflect upon these changes, together with the general constitutional manifestations, among which is an increase in the heart's action—I repeat, we should not be surprised to find, often, evidences of abnormal changes, either organic or functional, growing out of this physiological or altered condition of the uterus. Whilst, of itself, it may be acting in conformity with nature's laws, there may exist certain conditions of temperament, or latent predispositions to lesions of some particular organ or organs, so that excitement may be awakened, and serious consequences result from it. Lesions of function may arise from sympathetic irritation, and a persistence in this may result in lesion of structure.

The disease under consideration may be produced by the particular excitement on the lymphatic system; for their development has already been referred to as one of the anatomical changes in pregnancy. The lymphatic vessels are most minutely distributed throughout the the system and permeate almost every tissue; and, conveying the nutritive lymph every where, it is fair to infer that a modification of the function of these vessels might diminish the supply to those tissues looking for constant and liberal supplies of nutrient properties.

The glands, and their handmaids the dermoid tissues, would be readily awakened to excitement, particularly if there be present a predisposition to glandular diseases. The numerous glands of the mouth would partake largely in this excitement, and the mucous lining of the mouth, because of its vascularity, would be readily influenced. But in lax strumous habits, the feeble integrity of this tissue would not long sustain itself under the invasion, and disintegration would follow speedily.

The patient complains of burning heat, similar in sensation to that produced by hot fluids when taken into the mouth. Food, when taken even of the blandest kind, is swallowed with pain and difficulty, and that which is solid is masticated imperfectly and painfully. The lower lip is tumefied and turns out and downward, and in the effort to speak the saliva, limpid and scalding, pours over it. There is palor of the face, an anxious and painful expression of the countenance and a crescentric dark circle below the eye. The pulse is small and frequent the skin dry and the mind irritable and despondent. The mucous lining of the mouth is highly vascular and livid in color, the tongue red

and often swollen and, early in the attack, small granular elevations may be seen along its sides, at tip and still more highly vascular than even the surrounding mucous membrane. These points are highly sensitive and much suffering is produced when the tongue touches the teeth or jaw. Very soon these show a yellow vesicle on their tops, and in a short time these burst, leaving an ulcerated pit or depression which rapidly, under the ulcerative process, extend themselves over the surface. They now multiply in number and may be found within the lip, under the tongue, within the cheeks and in the fauces. Now the suffering is great, for the surface of these ulcers are most sensitively endowed. They may extend down the œsophagus, into the stomach, throughout the intestinal tube, into the posterior nares, down the trachea, along the bronchia, and finally involve the lungs in an irreparably diseased condition.

Mrs. W., of scrofulous predisposition, and advanced to the seventh month of pregnancy, had been laboring under stomatitis for three weeks before advice was taken. The tongue, the lips, the cavity of the mouth and the fauces were thickly covered with ulcerated patches. From the difficulty of swallowing, it was also manifest that it had proceeded downward along the lining of the œsophagus, and it was just as apparent that the mucous coat of the stomach was also seriously involved. There was much suffering, upon deep pressure, in the epigastric region, and food was rejected immediately upon swallowing it. The symptoms pointed to a diseased condition of the cardiac orifice. There was at this time some constipation of the bowels.

After a time, from the change in the voice, together with a sense of tightness of the part and stiffness of the muscles of the neck, it was evident that the larynx and trachea were suffering also. There was slight cough, with a muco-sanguineous expectoration, and, upon retiring to bed, the semi-recumbent position was chosen to favor inspiration, in which position the head was thrown back. There was slight dullness, upon percussion, over the entire thoracic surface. There was feeble respiratory murmur, owing to the difficulty in the passage of air through the thickened walls of the larynx, aided, doubtless, by the preternatural smallness of the chest.

She had now arrived at the eighth month of her pregnancy, the previous month having been spent in the foregoing developments. The symptoms now assumed a more grave character; the cough was constant and harassing; the sputa thick, tenacious and slightly sanguineous; wandering pain through the chest; respiration difficult at intervals; dullness over the entire thoracic surface, particularly manifest in the superior sternal and the right clavicular regions. There was

bronchial respiration, but no vesicular murmur; irritability of the stomach so great as to reject food, drink, or medicine. The dejections showed a large admixture of thick, tenacious mucus, similar to that expectorated.

About the middle of the eighth month, the following were the symptoms: There had been a large discharge of pus, upon coughing; pectoriloquy in right infra-clavicular region; the ulceration had extended to the posterior nares, followed by alarming epistaxis, doubtless from the destruction of a vessel in the progress of ulceration; the irritability of the stomach continues as before; colliquative diarrhœa and hectic fever; cough persistent; sputa purulent and muco-purulent.

Her confinement, which was now close at hand, was looked forward to as an event which would close her sufferings. All the symptoms continued in an exalted form up to this period, when uterine contraction came on, and her labor was concluded in two hours from the first evidence of uterine effort; was easy, and followed by but little loss in discharges. She, however, began to sink rapidiy, and in eight hours from the delivery of the child, she died. The child was less than the average, but appeared healthy. In a few days, however, as I learned, it sank rapidly with similar symptoms to those of the mother.

The treatment was such as would naturally suggest itself; but the irritability of the stomach opposed a serious difficulty to the prosecution of any treatment, or a fair trial of any remedial agents internally.

This case, the history of which has been condensed, so as to show, as far as possible, its chief features in its progress, was one of much importance, as it exhibited great rapidity in the development of the lesions upon the different organs and structures, and the fatal result of their spread and extension. In the early months of her pregnancy she enjoyed good health. The tendency, however, to tuberculosis was so great that the excitement, attendant upon the attack of stomatitis, seemed to develop the pulmonic symptoms with remarkable rapidity. In other cases, and in other diseases also, the occurrence of pregnancy will often hush to quietude, for the time being, the morbid tendencies; but in this case, however, the excitement attending the invasion of this affliction, awakened the dormant predisposition into activity and action.

Stomatitis during lactation deserves special attention. In this case we have inflammation of the dermoid tissues, with congestion. Here, doubtless, there is a deficient nutrition, and, therefore, less ability to endure the invasion. It is attended with prostration, and even before the attack, there is a sense of sinking and depression. This, after the attack, is augmented by the inability to take nourishment, and even if

taken, the impairment of the digestive functions proves unfavorable to successful assimilation. Beside this, there is a liberal expenditure of the strength in providing and furnishing nourishment for the child. The symptoms are, therefore, more rapid in their developement and subsequent progress, requiring promptitude and decision. When all other measures fail, we are not to allow the mother to sink into hopeless anæmia, but at once to separate the child from the breast. If the dynamic forces are not already too far expended, this course will be successful. This fact may enable us to understand more clearly its etiology and pathology. Animal chemistry may yet throw much light upon the subject by analyzing the properties of the lacteal secretion under these circumstances, and ascertaining if there exists any relation between its constituent properties and the pathological condition present.

The separation of the infant from the breast of the mother must ever be regarded as a *dernier resort,* and its necessity, arising on account of the mother, but to be deplored because of the child. There are periods in the history of its dependent and feeble infancy when its adoption is to be profoundly regretted. One of these periods is during dentition ; but at no time, unless when there are sound reasons for it, can a child endure the separation without danger to it, until it has arrived at an age when it is capable of masticating and digesting miscellaneous articles of food. When, therefore, the circumstances arise which may appear to invite its adoption, it should be well considered before it is determined upon.

A case of the deepest interest occurred during the past summer. The child, early in the season, was suffering from dentition, with symptoms of gastro-enteritis, while the mother was laboring under a severe form of stomatitis. She was of delicate organization, feeble and pale. What was to be done? On the one hand, the disease was preying upon the health of the mother ; while on the other, the summer's heat was in reservation to aggravate the afflictions of the child, which, under the most favorable circumstances, would with difficulty withstand the dangers which surrounded it. If we should look only to the welfare of the child, and persist in allowing it to nurse, the mother must, in all probability, continue to sacrifice her own health and comfort, and peril her life, by sinking into irremediable anæmia, lost to herself and to her offspring. Such cases always wear the aspect of grave importance, and are of deep responsibility on the part of the medical adviser. Either extreme was to be avoided, if possible ; and to this end an effort was made to restore the health of the mother. This done, there was a confident hope that all would be well. Various remedies

were used, but without avail, when the Hydriodate Potassa was resorted to with the happiest results. It was given in solution, to the amount of five grains three times per day. Porter, and nourishing animal broths, were also allowed, and soon the ulcerations healed; and although she continues to nurse freely, she has had no recurrence of the symptoms, but enjoys good health. The child, too, has recovered from its dangers and difficulties, and is now quite healthy. The restoration of the health and strength of the mother enabled the child to overcome its maladies, being sustained by that nourishment provided for it in nature's laboratory

The success in the use of the hydriodate in the above, encouraged the use of it in several other cases with like success. In one case, especially, it was used with the best results, the lady having been compelled, on a former occasion, to wean her child to save herself.

Its therapeutic effects upon the glandular system would point to it as an important and valuable agent in this peculiar affection. Such has been its success under my observation, and such the confidence I repose in its efficacy that I would adopt it at once; and if it failed I would repose little or no confidence in any other remedy yet known; nor would I lose time, or waste the strength of the mother, in fruitless efforts to combat this affection. A weak solution of hydriodate is the best gargle, and in those cases of dark, ill-conditioned ulcerations, a few grains of iodine may be added to it.

The solution of *nitras argentum,* in the proportion of five grains to ʒi of water, applied to the ulcers with a camels hair pencl, allays the sensation of burning heat and encourages healthy action. The watery solution of gum opium with acetate of lead, will often afford transient relief. They are all, however, but secondary to the iodide potassa.

The system should be supported by the infusion of cinchona, porter, or other vegetable tonic infusion, and by nourishing diet. The warm saline bath will be found a valuable auxiliary to the above remedies. Animal jellies or soups should be preferred when the iodide potassa is given.

If, after a judicious trial of these remedies, there is no relief, but, on the contrary, an aggravation of the symptoms, with a still further loss of the dynamic forces, we should be prompt in the removal of the child from the breast. It should not be longer delayed, otherwise the mother's strength may suffer irredeemable prostration. In this choice between expedients, either of which it would be most desirable to avoid, sound judgment and a good discrimination would point to this, and trust, for nourishing the child, to those substitutes which experience has approved.

ART. II.—*Malarious Fever—Homœopathic Treatment followed by death.* By SAML. G. ARMOR, M. D., Prof. of Pathology and the Practice of Medicine, and Clinical Medicine, in the College of Physicians and Surgeons of the Iowa University.

The frequency of its occurrence in the middle States of the Union, and a general understanding of the most successful mode of treatment, prevents the Western physician from studying the progress, pathological changes, and often fatal terminations of malarious fever, uncontrolled by remedial agents. He does not, indeed, permit himself to have this privilege.

A case of exceeding interest recently came under my observation while residing in Cleveland, Ohio,—interesting from the fact, that although a resident of the West for the last seven years, and accustomed to see and prescribe for all varieties of periodical fevers, yet during that time, I never had been placed in a position in which I could note and study the uncontrolled effect of a strong malarious poison. The reader can readily appreciate, then, the painful interest with which, during the past summer, I visited an intimate friend who was suffering from a severe attact of malarious fever which, on account of the prejudice of the patient and his friends for Homœopathy, was suffered to run its course uncontrolled by any agency whatever.

Learning of the ill health of my friend, the Rev Mr. W., I visited him early in the month of August, and found him in a copious perspiration, following the chill and fever as they occur in their regular order.

On inquiry I learned that for three consecutive days he had had chills at 2 o'clock, P. M., followed by fever and perspiration. The perspiration continued during the night and left him free from fever in the morning, but quite exhausted.

He frankly said to me that he had great confidence in Homœopathy,—that he had sent for a Homœopathic physician, and thought that he would soon be better. I replied to him that I visited him as a friend, not as a physician, and took occasion at the same time to say to him, that every hour he took the little sugar pills he was losing valuable time. He thanked me for my candor, but with all deference for my opinion, begged leave to differ.

Seeing that his prejudices, and that of his family and friends, were unconquerable, it now became to me a case of peculiar interest. He was a man of robust constitution—had been spending a few weeks in a malarious district in an adjoining State, returned to the city feeling unwell, took up his residence on the banks of the Cuyahoga river, and was thus exposed to continued doses of malarious poison.

What will be its course? what its complications, if any? and will the

recuperative powers of nature be sufficient for the task which is imposed upon her? These were questions to me of great interest, but mingled with a painful anxiety for the safety of my friend. I had seen our paroxysmal fevers treated by pepper and steam—by cold baths and warm baths—by emetics, cathartics, quinine, arsenic, strychnine, "Indian chologogues," and vegetable specifics,—but never before had I an opportunty of witnessing the potent effects of infinitesimal doses of *sugar* in arresting a periodical fever.

On the sixth day I again called, and found my friend still having chills, fever and perspiration, and gradually growing weaker and more depressed. His assimilative and nutritive functions were all arrested; his tongue, from a white, now presented a dark brown color; his urine was scanty and high colored, and his eyes began to assume an icterode appearance.

Although gradually growing worse, he said to me that his physician assured him that he would soon have the "pathogenetic" effect of his remedy, and that he would then rapidly recover. I could not but admire the good man's faith, but deplored what I now feared would be its fatal consequences.

On the tenth, I again called, and found him suffering from "hope deferred." The anxiously looked for effect of the remedy had not been realized, and he now began for the first time, to have fearful premonitions as to the result: and, unhappily, they were too well founded. His fever from a periodical, had merged into a low continued form. His intellect was becoming somewhat clouded; the vital forces of the system were all prostrated; the tongue dry and dark; sordes on the teeth; and the skin, now dry and husky, presented a yellow saffron appearance. On examination I found enlargement of the spleen, but no tenderness over the gastric, abdominal or hepatic regions. The most careful and zealous symptomatic pathologist might have searched in vain for any lesion other than that of the *Blood.* This source of life to all the tissues of the body was gradually becoming itself dead, and, as a consequence, all the nutritive operations were arrested, and every function perverted.

Notwithstanding his alarm, however, he concluded to try a little longer the saving powers of Homœopathy.

In a few days I called again to see him, and found him quite stupid and unconscious. He could be aroused with difficulty; the heart's action was feeble; there was general stasis of the capillary circulation; a coldness of the extremities and surface; an enlargement of both

parotid glands; and that peculiar cadaverous smell which indicates approaching dissolution.

This was my last visit. In a few days I learned of his death.

I need not apologise to the intelligent medical reader for presenting one of a class of cases, common place it is true as to their frequency, but interesting when studied under circumstances such as those I have briefly detailed. And what are the reflections growing out of it? What would have been the result of early, efficient and appropriate treatment? To myself this was a question of thrilling interest. Never before was I so strongly impressed with the vital relations of rational Medical Science to community as in the case which I have recorded, for the intelligent medical practitioner will anticipate me in saying, that, in the early stages of his sickness, from thirty to forty grains of quinine would have saved a valuable life. It was not one of those cases concerning which we have any doubt as to the power of appropriate remedies in controlling. It was a simple, uncomplicated *Malarious Fever*, and it might be truly inscribed on the tomb stone of the patient—"*Died for the want of thirty grains of quinine,—a victim to the dreamy speculations of Homœopathy.*"

ART. III. *Result of the use of Chloroform in nine thousand cases at Bartholomew's Hospital.* By Mr. Skey.

One of the most interesting questions connected with the subject of operative surgery relates to the use of anesthetic agents employed for the purpose of suspending the function of sensation. This question has assumed a moral as well as a medical type. It has been urged that sensation is a natural function of the living organism, and that to suspend it by artificial agency, is to set at naught the ordinances of nature; and that man is born to suffering, as evidenced by the sensibilities of his body. If the soundness of this argument be admitted, it would be difficult to draw a line which would define the boundary at which moral and *immoral* suffering meet; or to say, in what form of suffering our remedial agents may be resorted to. Our sensibilities are not given us by nature to the end of promoting pain, but to enable us to avoid it. Corporal suffering is no part of the discipline of the mind; nor will it even be generally asserted that its excess exercises a salutary influence on the character. Every movement of our body instinctively points to the avoidance of bodily suffering; why, therefore, should we not as readily and unobjectionably employ the agency of anesthetic medicines for the purpose of suspending bodily pain, under the circumstances of an otherwise painful operation, as we endeavor to mitigate the bodily suffering of any other patient cast down on a bed of sickness? Will not the objection to the anesthetic action of opium to a region affected by a neuralgic pain, or to the system gen-

erally, hold as strongly as that of another agent of the same principle given to avert the pain of an operation.

The medical arguments against the use of anesthetic agents have a somewhat better foundation. That great and sudden determination to the brain and an unnatural circulation of venous blood, result from their employment, is undeniable.

It is undeniable, if the quantity administered be large and long continued, that symptoms resembling those of apoplexy, present themselves, in the form of extreme congestion of the vessels of the face, stertorous respiration, and total insensibility; and it cannot be denied, that occasionally its full administration leads to headache, vertigo, and languor of some days' duration; and cases are recorded in which death itself has followed in the course of an hour or more after its employment. It must be observed, however, in pursuing this question in strict accordance with the laws of evidence, that we have no *proof*, in the cases above referred to, that death was the direct effect of the supposed cause. The parties administering it were not fully experienced in the mode of its application. They entertain the *opinion* that death was referrable to it, while it cannot be disputed that the fatal issue may be attributable to other causes; and, in one example, it appears more reasonable to refer the death of the individual to a suspension of the function of respiration by violence, than to any obnoxious agent circuluting through the lungs, or brain. On the other hand, the records of St Bartholomew's Hospital point to its successful administration in upwards of 9,000 cases; in not one of which, including the aged and the young, the healthy, the infirm and the asthmatic, has its employment left a stain on its character as an innocuous agent of good. Under all circumstances, its careful employment may be resorted to in all cases, excepting only such as are marked by a determination to the brain of an apoplectic type; secondly, under circumstances of great and serious exhaustion from loss of blood; and, thirdly, in diseases of the heart. In these conditions of the system, it is perhaps better avoided.

The agent in general use is chloroform, and one word may be added as to its administration. It appears indisputable, that its influence on sensation precedes that on consciousness. I have employed it on several occasions, in which the patient has been conscious of all that has been passing around, and yet who has declared himself to have been totally insensible to pain. This state of his system has arisen from the moderate use of the agent, ample indeed, for all purposes of utility, though somewhat difficult to regulate in quantity sufficient for the required object.

I prefer its gradual administration. I do not think it desirable to exclude atmospheric air, employed as a diluent during the process of inhalation. Its influence should be gradual, not sudden. I consider its application through the medium of a cambric handkerchief, laid on the face, preferable to the use of instruments made for the purpose of excluding atmospheric air, and food should be rigidly avoided before its administration; otherwise sickness will frequently follow.

Against the occasional convictions or objections of others to its employment, I place the strong, and to my own mind the unanswerable,

fact, that it has been successfully used in so large a number of cases in St. Bartholomew's Hospital since the period of its introduction; that these cases have been indiscriminately taken, and that its objections have not yet made their appearance before the observant eyes of the medical staff of that institution, either by promoting danger during the operation, or protracting the recovery of the patient after it. In one class of cases of its employment is especially applicable, viz: In that form of disease in which the pain of an operation is the chief warrant for its non-performance, and in which the recovery from a chronic disease is left to nature, that might be greatly hastened by the hand of art; such, for example, as the removal of a piece of dead bone.

Up to the period of the introduction of chloroform, a surgeon was very unwilling to subject a patient to the painful process of sawing and chipping away portions of dead bone, with a view to reaching the cavity because the operation was both a painful and a protracted one. The consequence was, that an hospital bed was occupied by a patient thus affected, for many months, to the exclusion, perhaps, of three or more claimants, who would have successively occupied it. But by the aid of chloroform the operation is now performed unconsciously to the patient, and the period of his recovery greatly abridged. With the three exceptions above mentioned, I cannot hesitate in recommending its administration in all cases of large surgical operations; believing its discovery to be the greatest blessing conferred on the profession of surgery during the last century; and although I have seen its employment pushed, on many occasions, apparently to the verge of apoplexy, I cannot say, even in such examples, that the good has not largely predominated.—*Operative Surgery.*

ART. IV.—*On the Treatment and Prevention of Habitual Constipation.* By Dr. J. C. Warren.

The treatment of chronic costiveness, an aliment so common in persons who lead sedantary lives, may be either medicinal or alimentary. Of medicines. Dr. Warren employs but three, aloes, magnesia, and senna wine. He considers that the bitter principle of *aloes* renders it, in some measure, a substitute for the deficient bile, and a few grains of the powder or gum forms a mild and effectual aperient. The watery extract (5 to 10 gr.) combined with an aromatic oil, is one of the mildest of laxatives, taken fasting. Aperients should not be taken at night, when they become buried in the alimentary mass and are ineffectual, or in their action disturb the repose of patients of an irritable temperament; but when the stomach is empty, either before dinner or after breakfast. Magnesia, however is so mild an aperient, that even if taken at night, it does not disturb sleep, and from its combining with the acids which have been generated during the day, is then even more likely to be useful. When the stomach is not acid, half an orange aids its action. Senna-wine, prepared according to Dr. Lane's process, is a very satisfactory aperient, the dose being

from ½ oz. to 2 oz., and as it is slightly stimulant, it may be taken for an oppressed stomach at night. If taken in the morning, it should be diluted with equal parts of water.

Among the alimentary substances which tend to relieve constipation in some persons, fruit is the most agreeable; but for this end it should be taken before meals, when the stomach is empty—its employment after a full meal often giving rise to ascetous fermentation and consequent disorders. Laxative vegetables are not usually easily digested by persons of weak stomachs, in whom they cause distressing flatulence. In other subjects they may act very beneficially. The costiveness which occurs after weaning, is removed by a slightly-sweetened infusion of cranberries. Some persons find advantage in drinking a glass of cold water, others a cup of strong coffee, early in the morning. Animal food is rather laxative than not, especially the fatty portions, which, however, delicate stomachs cannot manage. Some people take much wine, believing it acts on the bowels. If it does so, it is from the mere weight of the fluid, or perhaps from its causing a toxical effect, when the bowels take on a conservative eliminatory action. Most wines and spirits, taken in modern quantities, adstrict the bowels.

Fine flour is highly nutritious; and if exclusively used, like other nutritious substances, as jelly, arrowroot, milk, &c., causes costiveness. The artificial separation of the covering of the corn is counteractive of the intentions of nature, this stimulating the intestine to expulsive action. After employing with great advantage, bread containing the *bran* in his own family, and recommending it to numbers of others, the author was induced to try a still coarser preparation. Wheat was ground in a coffee-mill, and then boiled with a succession of water and a little salt for three or four hours. This Dr. Warren has found incalculably *the best and pleasantest remedy for constipation,* effecting quite a revolution in the economy and health, when taken in sufficient quantities (12 oz.), either as a part or whole of the breakfeast, or instead of pudding and vegetables at dinner. When the stomach will bear sweet substances, honey, molasses, &c., may be added with advantage. A moderate degree of fluidity, i. e., less than that of boiled rice or hominy, increases the laxative power. The wheat acts in part by its mere bulk, and probably in part by reason of the stimulating effect of the sharp edges of the particles of bran.—*American Jour. Med. Sci.*

[As a medicinal agent in obstinate constipation, we are partial to the combination of the inspisated ox-gall and small portions of aloes, as recommended by Williams in his Principles of Medicine.

The ox-gall is not only slightly alkaline, but appears to act as a solvent of fœcal contents, while the aloes is sufficiently stimulating to increase the peristaltic action of the muscular coat of the intestine.]

Ed.

ART. V.—*Cystorrhea, Irritability, and Neuralgic affections of the Bladder; their Diagnosis, Treatment, &c.* By S. D. GROSS, M. D.

We have heretofore spoken of the excellent publication, recently issued from the press by Prof. Gross, of Louisville, on the diseases of the Genito-Urinary organs.

From an elaborate review of the work, in a late number of the Western Journal of Medicine, we make the following extracts :

Cystorrhea is generally a symptom merely of a more serious disease, and consists of a succession of white, glairy mucus, Our author discards the division of cystorrhea into acute and chronic varieties, and supports this step by referring to the fact—and it is one—that the former affection does not differ in any respect from ordinary acute cystitis.

Cystorrhea is a disease almost peculiar to advanced life, and is very seldom seen before the forty-fifth or fiftieth year. Dr. Gross has never met with it before puberty except as an attendant upon stone.

The causes of cystorrhea are in many respects identical with those of cystitis and ulceration of the bladder. Once established, it is readily reproduced or aggravated by any of the usual causes of inflammation, and particularly of inflammation of the bladder.

The diagnosis of this disease is never difficult. "Its characteristic symptoms is an inordinate discharge of mucus, dependent upon chronic or subacute inflammation of the lining membrane, and accompanied with frequent, painful, and difficult micturition. Almost the only affection with which it is liable to be confounded is seminal emission ; but this can only happen when the seminal fluid flows into the bladder, and mixes with the urine, in consequence of a stricture of the urethra, or enlargement of the prostrate gland. The distinction is, that in catarrh the discharge is always greater, more constant, and also more ropy, tenacious and offensive ; the local suffering is always more severe, and there is a more frequent desire to urinate. In seminal disease, the matter is voided in small quantity, and at remote intervals ; but it has a peculiar odor, is of light color, and is insoluble in the water, in which it floats about in shreds. When there is any doubt, the best way is to submit a few drops of the suspected fluid to microscopical examination. If it be semen, it will be found to consist of small oblong bodies, with delicate tapering tails. From gonorrhœa it is readily distinguished by the character of the discharge, the absence of the urethritis, and the history of the case. Its connection with stone can only be determined by sounding. In suppuration of the bladder, the discharge is of a yellowish color, globular in character, and specifically heavier than in catarrh."

In the treatment of no disease of the bladder it is more essential than in catarrh, to determine the nature of the exciting cause ; for in none are the remedies more various or more opposite in their qualities and effects. An acquaintance with the cause at once opens up in this, as in the analagous diseases, the proper plan to be pursued. In fact, the probabilities of cure in nearly all cases are governed by the

period at which we remove the exciting cause, especially when this cause offers an impediment to the free discharge of the urine.

Antiphlogistics, in the form of general and local abstraction of blood, and purgatives—carefully abstaining from those which tend to irritate the rectum,—the warm bath, warm enemata, warm fomentations, demulcent drinks, &c., are required in all cases attended with violent pain and frequent micturition, though there may be no constitutional disturbance. With these remedies we will sometimes succeed in subjugating the more distressing symptoms in the course of a very short time. After this has been done, the remedy which is regarded by Dr. Gross as affording the greatest relief to the patient, is the balsam copaiba, administered three or four times in the thenty-four hours, in doses not exceeding ten, fifteen or twenty drops. When exhibited in large quantities, instead of ameliorating the condition of things, it serves to increase the urinary irritation.

Our author thinks well of the terebinthinate preparations—of which he esteems the Chian turpentine the best—used in small doses, in combination with extract of henbane, &c. From the *pareira brava* and *buchu*—both articles highly extolled in the treatment of cystorrhea—he has never derived much advantage. The former gives rise to nausea and other disagreeable effects, without appearing to exert any special influence upon the urinary apparatus. The buchu is less irritating to the stomach than the pareira brava, but cannot alone remove the morbid condition of the mucous membrane, on which the discharge depends. It may, occasionally, be employed with benefit when combined with other remedies. The ground laurel, or *epigea repens*, may sometimes answer a good purpose. The use of the *uva ursi* is frequently followed by the best effects. Dr. Gross has found it particularly serviceable in cases attended with excessive morbid sensibility of the neck of the bladder. He thinks it may be advantageously combined with buchu ; and in the class of cases just mentioned, with carbonate of soda or potash.

These several articles are usually employed with better success in combination than alone. The combination to which Dr. Gross is most partial is buchu, uva ursi, and cubebs, in the form of tincture, given several times a day, in conjunction with a small quantity of bicarbonate of soda. In cases of cystorrhea, requiring a tonic, the muriated tincture of iron—which evidently exerts a direct influence upon the urinary organs—is called for. Colchicum is indicated when the patient is of the rheumatic or gouty diathesis. Our author has seen happy results follow the use of benzoic acid, when everything else had failed. He generally exhibits it in union with copaiba, and has known it to act like a charm.

Valuable therapeutic indications are drawn from the condition of the urine, which should always be subjected to analysis. Thus, if this fluid be found acid, the carbonated alkalis will become serviceable. If, on the contrary, the urine be alkiline, the mineral acids are indicated. Anodynes are indispensable, and counter irritation in the form of a seton, or an issue applied to the supra-pubic region or perineum, is beneficial in the treatment of cystorrhea. The tendency of cantharides to affect the neck of the bladder renders the use of blisters questionable.

Cystorrhea has been much treated within the past few years, by irrigation of the bladder. It seems particularly adapted to those cases which are attended with atony of the muscular fibres. Various medicated injections are sometimes introduced into the bladder for the purpose of acting directly upon the inflamed surface.

Our author has used cauterization—which is so highly recommended by Civiale—in several instances, but without any good results.

Nervous Affections. We come now to a very interesting portion of the work, that devoted to Nervous Affections. Irritability, Neuralgia, and Paralysis, are the three nervous affections of the bladder treated of by our author. The first of these diseases is often one of the most difficult of cure with which the practitioner meets. Frequent micturition is its most prominent symptom. This is generally accompanied with tenesmus, a sense of scalding in the urethra, more or less straining, and pain at the neck of the bladder. Occurring at any perion of life, and in all temperaments, our author has most frequently met with it in children, and in persons about the age of puberty, and in individuals who are naturally of a nervous disposition, or prone to attacks of gout and rheumatism. The disease is particularly intractable in scrofulous and weakly habits. Children are subject to a variety of this affection, known generally under the name of incontinence of urine. Those portions of the urinary apparatus which are distinguished for their sensibility both in health and disease—the prostatic portion of the urethra, and neck of the bladder—are the localities to which the disease is most partial. The urine may or may not be altered in its quantity and quality. Generally, it is high colored, loaded with a whitish or grayish mucus, and acid. The stream of water may be natural, spiral, forked, or twisted, strong or feeble, full, or small, discharged in jets, or voided in drops. In most cases of this affection occurring in young men, there is a tendency to erections and seminal emissions. When irritability of the bladder is confirmed and exists in an aggravated form, the general health is gradually impaired ; the mind becomes gloomy and despondent : flatulence, colicky pains, constipation, acid eructations, and loss of appetite, combine to harrass and wear away the patient.

Irritability of the bladder depends upon a variety of causes, general and local. All diseases of the urinary apparatus are frequent and well known causes of this disease. One of the most familiar and common causes is gonorrhœa. An altered state of the urine is another fruitful source of this malady. Over-doses of diuretics act as irritants of the bladder. The effects of cantharides are well known. Our author has seen nitrate of potash produce intense irritability of the bladder. We have ourselves known a similar result in several cases of rheumatism in which we exhibited this remedy. All drinks, fruits, and vegetables which have a special tendency to develope acid in the urine, with a morbid sensibility of the mucous membrance, may induce this condition of things. Venereal excesses, derangement of the digestive apparatus, lesion of the brain and spinal cord, disease of the alimentary canal and pelvic viscera, disorder of the genital organs, exposure to heat and cold, and general debility, are all exciting causes to this affection.

The idiopathic form of the disease never of itself proving fatal, but little opportunity has been afforded for ascertaining its pathology. So far as we know, or, more strictly speaking, so far as we are justified in concluding, the complaint consists in an exaltation of the nervous sensibility of the mucous membrane. It not unfrequently happens that the irritability is purely sympathetic, depending upon lesion of some neighboring organ, and, in some instances, of a remote organ.

Of course when the disease is produced by a local cause, the anatomical changes are more distinct, and consist of "evidences of inflammation or congestion of the lining membrane, and hypertrophy of the muscular fibres, with alteration of the secretions, and, in some instances, slight deposits of lymph."

The prognosis is entirely dependent upon the nature of the cause. The idiopathic form of the complaint, though obstinate, is, generally, amenable to treatment. When occurring in scrofulous and feeble constitutions, the disease is always intractable, and sometimes irremediable. As may be supposed, when the disease is referable to local causes, and these are of a curable nature, speedy relief may be safely promised. Under opposite circumstances, we anticipate different results.

A knowledge of the cause, so essential indeed in the treatment of even the simplest disorder, is of the first importance in the treatment of this affection. The cause of the disease being known, it is an easy task to distinguish between the cases that are curable and those which are beyond the control of medicine, and to choose from the many remedies possessed by our art for the removal of this affection, those which are adapted to one or another of its forms. Vesical irritability dependent upon stone, or stricture, or hypertrophy of the prostrate; vesical irritability dependent upon congestion or inflammation, an altered state of the urine, the improper employment of diuretics, worms &c., is an affection, the treatment of which is, at once suggested by its cause. Organic disease of the kidney, ureter, bladder, ovary and rectum, &c., gives rise to irritability of the bladder which is incurable. Our author has found the extract of belladonna administered either internally or by external application, to be exceedingly valuable, especially in that form of the complaint which is attended with neuralgic symptoms, or sharp, darting, and shooting pains in the region of the bladder and pelvis. He sometimes uses an ointment of belladonna and strychnine, which is applied to the perineum, sacrum, and lower part of the abdomen. In the irritation of the bladder in young children and hysterical girls he thinks favorably of the tincture of cantharides. The balsam of copaiba is indicated in those cases which depend upon extension of gonorrhœal inflammation, disease of the kidney and vesical catarrh. Dr. Gross places a very different estimate upon buchu and pareira brava from that with which they are spoken of by Brodie, Coulson, and others. "He cannot recall a solitary instance in which they seemed to afford any permanent benefit." His opinion of cubebs is higher.

Neuralgia.—Next follows *Neuralgia* of the bladder. From the small space devoted to this subject in other works on the urinary organs, one would be led to conclude that it is an affection seldom met with and but little understood by their authors. So little indeed has this

disease been understood, that more than once the operation of lithotomy has been performed for its removal. The late distinguished Dr. Parrish, of Philadelphia, relates a case in which he and the different surgeons in the Pennsylvania Hospital mistook neuralgia of the bladder for vesical calculus. We have ourselves known the same mistake to be made in two cases in this city, and in a case in Tennessee.

The symptoms of this disease, especially in its early stages, are so vague and ill-defined that even the most experienced practitioner will often be in doubt as to their cause ; and, on the other hand, when the attacks are severe, they bear the closest resemblance to the paroxysms produced by calculous concretions. The disease is generally paroxysmal in its character. At first the paroxysms recur only at long intervals, and consist merely of a sense of uneasiness in the perineal region, accompanied by a sharp, darting, or tingling pain. Gradually, the attacks become more frequent and more severe, and last from two to six hours, often giving rise to the most intense suffering. During the intermissions, the patient feels comparatively well. The disease often assumes the quotidian type, and generally comes on in the evening or towards morning. Sometimes, however, the attacks have been known to recur twice in the twenty-four hours. However violent or protracted, it is seldom accompanied by fever. Its periodicity, the sharp, darting, and lancinating pains, the *ardor urinæ*, the frequent, urgent, and difficult micturition, and the numbness of the perineum, scrotum, groins, and thighs, are, perhaps, the most important diagnostic signs.

Neuralgia of the bladder occurs, for the most part, in the same class of individuals who are subject to the same malady in other regions of the body ; that is to say, in persons of a nervous temperament ; and from what we know of this malady, as it occurs in other parts of the body, our author infers that malaria is often a principal, if not the only cause. He attended an elderly gentleman who "was subject to neuralgic attacks of the bladder and right knee, which generally lasted eight or ten days at a time, then disappeared and recurred about once every three months. In early life he had been severely affected with rheumatism, and a short time before the vesical neuralgia came on, he had labored under intermittent fever, which left him with an enlarged and indurated state of the spleen."

The pathology of this disease is unknown. It is singularly intractable, and often resists for weeks, or even months, the best directed treatment ; "on the other hand, instances occasionally occur which disappear almost as suddenly as they come on. This is especially the case when the disease has a miasmatic origin, or when it supervenes upon intermittent fever."

The causes of this disease are generally so obscure and inappreciable, and the treatment so entirely regulated by a knowledge of them, that its management is, in almost all instances, difficult, and often requires the employment of various measures before being finally successful. Our author opposes it with the same remedies which are used for the relief of neuralgia occurring in other parts of the body. "When the disease is connected with an inflammatory state of the system, as it is occasionally found to be, prompt and efficient blood-

letting is the remedy upon which, in the commencement, our hopes of success must be mainly placed." Of the utility of local abstractions of blood, our author does not think favorably. He esteems purgatives—of which he thinks the mercurials the best—of much value in this affection, "especially in that variety of it dependent upon a miasmatic origin, constipation of the bowels, or deranged menstrual action." While he thinks that in those cases unaccompanied with inflammation or organic disease of the stomach or bowels, much advantage may be derived from the judicious use of carbonate of iron, he gives the preference to quinine and arsenic, not only when the neuralgia is seated in the urinary bladder, but also in other parts of the body. When by the lancet, purgatives, and quinine, the intensity of the disease has been mitigated, Dr. Gross thinks arsenic, strychnine, and aconite, in union with opium, the best medicines to eradicate it.

The formula which Dr. Gross has been in the habit of using for many years past, both in this and other forms of neuralgia, and of which he speaks in the highest terms, is the following:

℞. Acid. arseniosi, gr. ij.
Strychninæ, gr. j.
Ext. aconiti, gr. viij.
Pulv. opii, gr. v.—M. optim. div. in pil xvj. One pill every six hours.

If they induce nausea, they are to be given less frequently—attention to this point he regards as a matter of paramount importance. They should be omitted at the expiration of every seven or ten days, in order to allow the stomach a short recess, when they should be resumed, and taken as before. "Administered with these precautions, arsenic, &c., seldom fails to produce a most favorable impression, and are often, of themselves, sufficient to effect a cure." Our author regards Fowler's solution of arssenic as much inferior to arsenic in substance. He exhibits narcotics in full and sustained doses, having previously cleared out the bowels and restored the secretions, and alludes to cases in which radical cures were effected by the protracted exhibition of this class of remedies. Emetics are indicated, particularly when there is associate gastric and bilious disorder. The warm bath, fomentations, the application of steam; colchicum in the gouty and rheumatic habit, and injections of acetate of lead, &c., are mentioned favorably. He has seen so little benefit derived from the introduction of bougies into the bladder—as recommended by M. Civiale—that he has entirely abandoned this mode of treatment. He used the actual cautery on one occasion, but without good effects. Our author completes this section of the chapter on nervous diseases by the detail of four cases of vesical neuralgia, which we much regret our limits forbid us to extract.

Paralysis of the bladder accompanies the remaining section of the chapter, and is treated at length and in a masterly manner. We have already, however, consumed so much space by our remarks, and have so much yet before us which is of even greater interest than any of the many subjects to which we have yet alluded, that we must content ourselves with a mere synopsis of the teachings of our author on this disease.

Paralysis of the bladder is either partial or complete, essential or symptomatic. External injury, inflammation, disease or injury of the cerebro-spinal axis, loss of tone of the general system, over distention of the muscular fibres, and old age are its principal causes. Whether dependent upon one of these causes or another, the symptoms which attend it are generally unmistakable. Its characteristic symptom is complete retention of urine. The walls of the bladder are distended by the accumulated fluid, and the organ forms a fluctuating ovoidal tumor in the hypogastric region, which ascends sometimes as high as the umbilicus. "The prognosis of vesical paralysis can be correctly estimated only by an attentive consideration of its causes." The success, and also the mode of treatment, hinges upon the influences by which the disease has been developed and sustained. To draw off the urine, and restore the tone of the muscular fibres of the affected organ, are the two important indications to be fulfilled in every case. The use of the catheter is sufficient for the first. It is advisable, in some cases, to allow the catheter to remain—the water being permitted to flow off every hour or two—in others, again, it should be introduced only when necessary. The former practice is particularly useful when there is a frequent desire to urinate, attended with pain and spasm of the neck of the bladder. The sudden removal of the stimulus of distention may induce severe depression. Dr. G. has known instances in which it has proved fatal. His practice, when the accumulation is very great, is not only to allow a small quantity of urine to remain, but to support the parts precisely as after tapping in ascites, &c,

To impart tone to the bladder, or, in other words, to meet the second indication, will require a very varied treatment, governed, as we have remarked, by the cause of the disease. The use of emetics and cathartics is nearly always followed by good results, especially where the parlaysis occurs coetaneously with disorder of the digestive organs and torpor of the general system. The ground being properly prepared, we may resort, with much confidence, to a class of remedies—at the head of which we place strychnine, arnica, and cantharides—which are calculated to produce a direct impression upon the nervous system, if not upon the bladder itself. They are indicated in the inflammatory form of the affection. Our author thinks highly of arnica in that form of paralysis which occurs as one of the *sequelæ* of masturbation, typhoid and other fevers. Its virtues are due to its stimulating qualities, and it is, consequently, applicable to cases which are the result of general debility. Dr. Gross has not had much experience in the employment of the ergot of rye, but has never seen it produce good effects. The inflammatory form of the disease is to be met by antiphlogistics. Counter-irritation he regards as a useful auxiliary, and that form, excited by a succession of blisters, will be likely to prove serviceable in every species of paralysis except that just mentioned. The cold douche is a potent remedy. Dr. Gross has seen excellent results ensue from injections into the rectum with strychnine. He thinks it not improbable that this and other analagous remedies might be beneficially introduc ed, in weak solutions, into the bladder.

ART. VI.—*External Pressure as a Help in Difficult Parturition.*

It often happens that a woman in labor lacks but very little of being able to evacuate the uterus by her own expulsive force, and the little help that she wants may be most conveniently and safely rendered by a judicious swathing of the abdomen. The end may be obtained in this way. Take, for a swathe, a sheet, and fold it in one direction till it is reduced to about a quarter of a yard wide, retaining its whole length in the other direction. Lay this smoothly on the couch, so that the woman shall lie across the middle of it on her side. Then raise up the two ends of the swathe and bring them over her so as to cross on her hips, and give the ends to two assistants. If it is well adjusted they may use considerable force without any inconvenience to the patient, but rather the contrary. It is the most comfortable support to the back she can have, and every pound of pressure smoothly and justly made on the abdomen is at least as good as so much traction on the child.

Another important consideration is that the expulsive action of the uterus is by this means increased, as is sometimes done by friction. The writer has resorted to this means in a large number of cases with decided advantage, and has not in a single instance met with any untoward circumstance, although the force applied has in some cases been about as much as two assistant women could apply. It may sometimes save the use of the forceps or of "turning," and is a less serious undertaking, even with the smallest experience and judgment. —*Boston Med. and Surg. Jour.*

ART. VII.—*Action of Indian Hemp on the Uterus.*

The following remarks, taken from Dr. Alexander Christison's valuable paper, published in the *Edinburgh Monthly Journal*, for August last, will doubtless prove interesting to our readers:

Indian Hemp appears to possess a remarkable power of increasing the force of uterine contraction during labor, and as I have not observed any special remarks on the subject, the following instances of its employment may be interesting. It was given in a few cases in the Maternity Hospital of Edinburg, and the following short remarks appear in the Casebook of November, 1849.

One woman, in her first confinement, had forty minims of the tincture of cannabis one hour before the birth of the child. The os uteri was then of the size of a shilling, the parts very tender, with indurations round the os uteri. The pains quickly became very strong, so much so as to burst the membranes, and project the liquor amnii to some distance, and soon the head was born. The uterus subsequently contracted well.

Another, in her first confinement, had one drachm of the tincture, when the os uteri was rigid, and of the size of a half crown; from this the labor became very rapid.

Another, in her first confinement, had also one drachm of the tincture, when the os uteri was of the size of a half crown. Labor ad-

vanced very rapidly, and the child was born in an hour and a half. There were severe after-pains.

A fourth had ʒiij. of the tincture, in divided doses, which much accelerated and increased the pains. She had then chloroform for six hours. I have since been informed, that the severity of the pains was so great as to cause some alarm, and chloroform became necessary to produce insensibility.

[The author details many cases, illustrative of the prompt and speedy action of the hemp in promoting uterine contraction; and it may be worthy of remark, that in no case were the ordinary physiological effects of the agent produced, such as excitement, intoxication, or sleep.

In comparing its effects with the ergot of rye, he remarks—]

In conclusion, I may state what appears to be the most obvious difference between the action of ergot of rye, and that of Indian hemp. First: While the effect of ergot does not come on for some considerable time, that of hemp, if it is to appear, is observed within two or three minutes. Secondly: The action of ergot is of a lasting character, that of hemp is confined to a few pains shortly after its administration. Thirdly: The action of hemp is more energetic, and perhaps more certainly induced, than that of ergot.

There appears little doubt, then, that Indian hemp may often prove of essential service in promoting uterine contraction in tedious labors.

More extended experience will show how far these effects may be depended on, and to what cases hemp is most applicable.

Mode of administration.—Indian hemp may be administered in several ways. The extract, in the form of pill, produces the most gradual effect, and the disagreeable taste of the solution is avoided; but its action in this form is very uncertain. The following emulsion has been recommended: A scruple of the extract rubbed in a warm mortar with a drachm of olive oil, to which are added half an ounce of mucilage, and seven ounces and a half of distilled water (Broomfield.) But the simplest method is to use the tincture, which should be dropped into a little water, and immediately swallowed. The water may be sweetened with sugar; or an aromatic, as compound tincture of cardomom, may be added. The usual strength of the tincture is three grains of the extract to a drachm of rectified spirit.

The extract may be given in doses of one to six grains; the tincture in doses of ten to thirty drops, for ordinary purposes. Less than thirty drops is of little service in promoting uterine contractions; and greatly larger doses, as much as one or two drachms repeatedly, must be used in the treatment of tetanus, in which disease there is very great tolerance of the remedy.

ART. VIII.—*Strychnine aud Turpentine in the Treatment of Cholera.* By J. Howes, M. D., Resident Physician of the Commercial Hospital, Cincinnati.

From the last of April to the middle of June, there were ten cases of cholera in the Commercial Hospital, nine of which died under the treatment usually adopted in such cases. These cases were mostly far advanced, as, indeed, are nearly all those brought to the Hospital.

The success following this treatment was so small, that I concluded none could be much less, and therefore considered every case of cholera a legitimate subject for experiment; and as it devolved on me, in the absence of the attending physician, to prescibe for all patients who came into the wards over which I, as resident physician, had charge, I tried the effect of several different remedies upon persons attacked with cholera, and finally settled upon the following:

℞. Strychnia, gr. ss.
Spts. Turpentine, ʒii.
Mucilage, ℥viii. M.

Dose, table-spoonful, to be given every half hour, until the discharges have ceased, and perfect reaction is secured.

This treatment, with the consent of the attending physician, has been made use of in the last twenty-five cases of cholera which we have had in the hospital. Of these cases, ten were in a state of perfect collapse: twelve had a perceptible pulse, but otherwise manifesting all the phenomena of collapse; and three had a warm dry skin, and a pulse of natural fullness, with vomiting, purging, and cramps, the discharges presenting the appearance of rice-water.

Of these twenty-five cases, three did not react at all: four died of consecutive fever, and eighteen recovered.

In some of the worst cases, we repeated the dose every fifteen minutes, instead of half hour. One of the most desperate took three and a half pints of the mixture, in forty-eight hours, and recovered None of them manifested any of the poisonous effects of strychnia.* We made as much use of external applications in our first cases, as in the last. Frictions of all kinds we always found to exhaust very much those patients who were in, or approaching very nearly, collapse.

In a few cases we have made use of sinapisms or blisters.

* Since the above was written, we have had a patient to whom was administered one and a half pints of the above mixture, in sixteen hours, which produced quite severe tetanic spasms, which were relieved in a few moments by chloroform, and the patient is convalescing.

ART IX.—*Treatment of Strictures of the Urethra.* By G. J. Guthrie, Esq.

G. J. Guthrie, Esq., in a lecture recently delivered before the Medical Society of London, draws the following conclusions in regard to the treatment of strictures of the urethra, which, as embodying the experience of this veteran and judicious surgeon, are entitled to great weight:

1st. That a hard and elastic, or an intractable stricture is never permanently cured by dilatation, or by the application of caustic, although it may be materially relieved by the regular periodical use of a dilating instrument.

2d. That the division of an old, hardened, or elastic stricture thro' the perineum is not usually followed by a permanent cure, although it is always attended by immediate relief; the disease being apt to return unless a solid sound or catheter is occasionally passed to prevent it.

3d. That the operation of dividing the perineum and urethra in such cases is sometimes attended by severe hemorrhages, by fever, and is occasionally followed by fistulous openings, giving rise to much inconvenience.

4th. That such division does, in some instances, effect a permanent cure.

5th. That the division of the urethra, through the external parts should never be attempted in any portion of it anterior to the bulb, such operation not being necessary; for the narrowest stricture of the pendulous or movable part may always be divided internally with much less comparative danger than by the external incision, inasmuch as the instrument can be guided through this part by the finger and thumb of the left hand of the surgeon with a certainty almost unerring.

6th. That the stricture considered by all surgeons as the most important and difficult of cure—viz., at the termination of the bulbous portion of the urethra—may always be divided, when impassable, by a *straight* instrument, and in general more easily than by a *curved* one; the use of which is founded on the erroneous belief that the stricture is situated in the membranous part of the urethra, instead of being, as it is, anterior to it.

7th. That the division of a stricture should, if possible, be effected by an instrument passed through it, and cutting from behind forwards, rather than from before backwards, although a combination of both methods will frequently be necessary to insure success.

8th. That the division of a stricture by these means will not always insure a permanent cure if more than the mucous membrane is implicated unless such parts be divided also.

9th. That in cases of intractable stricture, the mucous membrane, the inner layer of involuntary muscle, and the elastic tissue external to it, should be divided when the operation is done from within, but not the outer layer of muscular fibres, which should remain as a barrier between the stream of urine and the common integuments of the external parts—an accuracy of division not alwvys to be attained: whence, perhaps, the difficulty of effecting a permanent cure.

10th. That when a permanent cure is effected in these cases, the divided elastic wall of the urethra is not re-united by a structure exactly similar to itself, but by common areolar tissue, rendering the part more dilatable under the pressure of the stream of urine; the formation of which dilatation can be aided during the progress of the cure by pressing on the divided part with the point of a solid instrument passed daily for the purpose of preventing, if possible, that contraction which always takes place during the process of cicatrization; a proceeding which cannot be advantageously adopted when the parts

are divided through the perineum, lest it should encourage the formation of a fistulous opening, to which there is always a tendency.

11th. That in cases of intractable stricture accompanied by one or more fistulous openings in the perineum, in *young persons,* or of middle age, the operation through the external parts, or along the urethra, may be resorted to at the pleasure of the surgeon with an equal chance of success, provided the division of the obstruction or bank preventing the free passage of the urine be effectually divided, the *sine qua non* of the operation.

12th. That the operation within the urethra should always be preferred in *elderly* persons, particularly if somewhat stout or fat, as less likely to create severe constitutional disturbance ; and if this operation should fail from any cause, it by no means interferes with the due performance of the other through the perineum, which in serious cases then becomes imperative, as the last resource capable of giving relief. —*Lancet,* June 7, 1851.

Editorial and Miscellany.

EDITORIAL BOW.

After an absence of some months, during which time the *Journal* has been exclusively under the editorial charge of our esteemed colleague, Prof. Sanford, we are again to our post, as assistant Editor, and to our labors in the Medical Department of the Iowa University.

While our engagements in another field have been of such a constant and arduous nature that we could render our colleague no assistance, we have been gratified in witnessing the able manner in which he has discharged, amid the multiplicity of professional and other engagements, his duties as Editor. The profession have found in him an active and zealous defender of its honor and interests, and a hearty hater of humbug and detester of quackery in every shape and form. Upon every thing that tends to make inroads upon the constitution of our Science, or to degrade it in the public eye, he has made unceasing warfare.

While it is to be deeply regretted that restless spirits in our profession, more anxious for a kind of public notoriety than for the true interests of Medical Science, should so disregard all its acknowledged canons as to bring upon the profession of the West the reproach of all who would elevate, rather than lower, the standard of medical character, it is at the same time to be hoped that over all these things time, the great leveller, will ere long throw the mantle of oblivion. To hasten that period, we shall continue to unceasingly labor.

In entering upon our second year, we are encouraged by a large increase to our list of subscribers, and by many flattering words of ap-

probation, on the part of our cotemporaries of the Press. To both, we make our most respectful bow, hoping that we may cultivate a long and pleasant acquaintance, at the same time pledging ourselves, that our Journal shall represent, with the utmost fidelity, all that is doing medically in this great North Western portion of the Mississippi Valley. But for the fulfillment of this pledge we must depend, in a great degree, upon the kind and ready co-operation of the Profession, who, it is hoped. will unite in an endeavor to establish and give character to a Journal which shall faithfully represent the Medical Literature of this portion of the West.

We are aware that the establishment of a Medical periodical in this border State of the Union, on the West, was looked upon as a kind of rash experiment; and it may be that kind friends, as well as enemies, predicted that our enterprise must fail. But we have passed our "critical period," and are now happy to say to our friends: Dismiss all fears; the Journal is one of the "fixed facts" in the Medical Literature of the West: and to our enemies, if any we have, we can give no "signs" of approaching dissolution. If, therefore, our obituary has been written, its publication must be indefinitely postponed. We are yet living, and our prospects for a bright and sunny future were never so flattering. S. G. A.

Outlines of General Pathology. By M. L. Linton, M. D., Professor of the Theory and Practice of Medicine in the Medical Department of the St. Louis University. 8vo. 205 pp.

Prof. Linton appears to be dissatisfied with all works heretofore published on General Pathology—especially their classification of disease—and has thought proper, therefore, to write a book himself for the purpose of dissipating the fog that hangs over some abstruse questions in physiological and pathological Science. To say that he has succeeded in this, especially when he comes in conflict with such men as Andral and Williams, would be, perhaps, claiming too much for this little volume. Yet a perusal of the work must satisfy every one that the author is a thinker—that he reasons well and conveys his ideas lucidly.

He is strongly wedded to the humeral pathology. Hence we find but little said about "proximate and remote sympathy"—never as primary elements of disease. Indeed he refers all morbid phenomena to structural lesions, and lesions of the blood. He defines disease to be "*certain alterations in the quantity and quality of the blood, and alterations in the solids consequent thereon.*" And in defending this system

of pathology, he manifests much ingenuity and force of argument. Our own convictions are opposed to exclusive systems, either of Humeralism or Solidism. We cannot but regard all such exclusive theories as pathological absurdities. Man is a compound of liquids and solids; both are necessary in his physiological condition, and both must participate in his pathological state. We would be doing injustice, however, to the author if we failed to state, that he fully recognizes the importance of the changes in the solids. The only question is as to the primitive and consecutive relations of the morbid action.

The author, in objecting to the classification of Andral, very clearly distinguishes between diseased *action* and diseased *manifestation*. Lesions of secretion and lesions of innervation he regards, not as elements, but mere manifestations of disease.

In his remarks on Essential Fevers, the author will not admit the distinction which has been drawn by Drs. Bartlett, Gerhard, Jackson and others of this country, between *typhus* and *typhoid*. He considers them as produced by one cause, namely, a changed condition of the blood—the local complications being secondary and accidental. And in the examination of the causes of our Intermittent fevers, we are sorry to see the author favoring the view, to our mind entirely erroneous, that they are produced by "certain hygrometric and thermometric states of the atmosphere." In support of this view, he presents the testimony of M. Brachet, the Persian physician, who immersed himself in the river Seine every night for several nights in succession, and had, as he supposed a result, something like an intermittent fever! We cannot, however, see the force of this testimony, especially in the absence of a cross examination. Did he, or did he not, reside in a malarious district? Had he, or had he not, been previously exposed to the malarious poison? Besides, among the thousands who have been exposed to alternations of cold and heat, to dry air and damp air, amid the granite hills of New England, how many were ever known to have an intermittent fever? Do the workmen there, in passing from heated factories, in which in many instances they have been immersed for hours in hot steam, to a cold atmosphere, have, as a result, intermittent fever?

They may have pneumonias, pleurisies, bronchitis, and any or all the acute phlegmasia; nay more, they may have cachœmia and necræmia as a result, uncomplicated with local inflammation; but is there an instance on record in which an intermittent fever followed, unless the patient had been previously exposed to the paludal poison in a malarious district? We opine not.

Altogether, however, we are highly pleased with this unpretending

little volume. It is eminently creditable to our Western Medical Literature, and to the reputation of its distinguished author.

DEATH OF PROF. HARD.

It pains us to announce the death of our esteemed colleague, Professor NICHOLS HARD. He died at his residence in Aurora, Ill., on the 16th instant, after a short, but severe and painful attack of dysentery.

At the time of his decease he was Professor of Anatomy in the College of Physicians and Surgeons of the Iowa University, to whose interests he was ardently devoted; and for several years previous, he filled with distinguished ability the chair of Obstetrics and Diseases of Women and Children in the Indiana Medical College.

It was our painful privilege to witness his dying hours: they were calm, composed and resolute. When advised shortly before his death, that he was fast passing away, with his accustomed mildness, he thanked me for my candor, and remarked in a firm tone—"*I am not afraid to die.*" After taking an affectionate leave of the partner of his bosom and his little family, whom he devotedly loved, he quietly sank to rest, to spiritually rise, we hope, in brighter spheres.

How uncertain is the tenure of human life! Well do we remember the thrillingly eloquent words with which our lamented colleague, at the last session of our College, took his final leave of the Medical class: "Gentlemen—the business of your lives will be to battle with the Grim Monster, to whom you must all sooner or later yield." Alas! that he who solemnly uttered the admonition, should himself be the first to yield!

Professor HARD, although comparatively a young man, occupied a distinguished position in the ranks of the profession of the West. He was an indefatigable student, a successful practitioner, an able and accomplished lecturer, and eminently adorned the profession by his great moral worth, and the purity of his private and professional character. Few indeed exhibited his zeal in the cultivation of the profession, of which he was one of the brightest ornaments.

In recording this tribute to the memory of our deceased friend, we can not but express the hope that the many young men of the North-West, who have listened to his teachings, and admired his profound medical attainments,—as all must who enjoyed his acquaintance—will strive to imitate his virtues, and to adorn the medical name by attaining his eminence in the ranks of the profession. A.

Medicine in the West.

In our recent journeyings from the East, it was our good fortune to make the acquaintance of a very likely young Esculapian from the granite hills of New Hampshire. It was his first visit to "the Great Valley," and being in search of a location, he had many curious questions to ask concerning the condition of the profession of the West. Like many from the East, he appeared impressed with the idea that Medical science is bounded on the west by the range of the Alleghany mountains. Being a Western man ourself, of course we had to demur, and go to trial on the issue joined.

His first question was—"Have you not a great many quacks in the West? To which, in all truth, we had to plead guilty. But we added, with equal truth, that there is no portion of our country in which greater effort is made to diffuse sound medical education, and in which, among the educated portion of the profession, the standard of medical character is higher. We have a large number of medical schools, all laboring to diffuse sound medical knowledge. Students of the West generally make it a point to graduate at some respectable Medical College, and under graduates, who, on account of pecuniary embarrassments, have been compelled to engage in the practice of their profession, embrace, as a general thing, the earliest period at which their means will allow to complete their education and take their degree. All these things augur well, and prove that in Medicine, as in other things, the most interesting part of our country is, and will continue to be, *the Great West.*

Now how is it in the East? How many of those wearing the medical name are now in the way of introducing German novelties in medicine into this country? How many more are "packing" their patients in wet sheets? and, of the remainder, what proportion of the population consult "water doctors?"

We did not pretend to be free from these nuisances. Unfortunately we have too many of them. But our young friend was free to acknowledge, and he did it with a commendable shamefacedness, that almost every village and cross-road had its little sugar pill doctor, its hydropathist and its uriscopian, and that, unhappily, a love of novelty and a restless disposition to change, induced too many to patronize them.

On comparing notes with our young brother, we think we disabused his mind of the impression, so common in the East, that *all* the quacks are out West.

COLLEGE MUSEUM—A Request.

The Faculty and friends of the Medical Department of the Iowa University are actively engaged in collecting together a Museum of Natural curiosities. We desire to make it one of the largest collections in the West, and to this end we earnestly solicit the co-operation of our medical friends. As a body, no class of men have given so much attention to the several departments of Natural Science as medical men. The whole course of their study tends to cultivate an acquaintance with, as well as a taste for, this interesting department of literature; and with very little trouble on their part, we could soon collect together a Museum of which our State and the profession of the West might well be proud.

Will not our friends aid us in this matter? Already we have a fine collection to start with; but we want more. Let us have geological specimens,—fossil organic remains, vegetable and animal, as well as existing varieties of "birds, beasts and creeping things." There is nothing too insignificant to be of interest in Natural Science; there is no organic remain, however simple in its structure, that does not furnish, in its relations to comparative anatomy and structural development, an interesting lesson of instruction.

We have one suggestion to make in connection with this subject: Will those who furnish us specimens in palæontology be careful to note the location in which they were found? How near the surface? Were they embedded in sand, gravel or clay? or in gravel and clay with boulders? or in marls, or blue and plastic clays? If near stratified rock, were they above or below? or were they imbedded *in* the rock. All these are questions of exceeding interest, and of absolute necessity in making out a proper classification.

Many remains, animal as well as vegetable, are found in digging wells throughout the Western country. Will our medical friends do us the favor to keep on the look out for new dug wells. Do not pass one without enquiring for organic remains. There may be other questions of interest, such as the character of rock, if any, through which they passed, as well as the depth at which water was found.

By a little effort on the part of our friends, we can collect together a cabinet of shells, minerals, and fossil remains which will throw much light on the geological character of these prairie States in the more immediate valley of the Mississippi.

A large room has been specially fitted for such collections in the New College building, to which strangers visiting our city will have access.

The name of the donor, together with a brief history of its loca-

tion, as intimated in the interrogatories which we have submitted, will be placed on each contribution to our College Museum.

Dr. S. Hanbury Smith and the Lancet.

The Western Lancet has ever sustained a high reputation for its abhorrence of quackery: nothing that looks like giving it the least respectability escapes the caustic pen of Prof. Lawson.

In a recent number of the Ohio Medical and Surgical Journal, Dr. Smith has published an elaborate article on "The Medical Theories of the Last Century," in which the Lancet alleges that he gives too much prominence to Hahnemann and his doctrines.

We have examined Dr. Smith's article with some care, and cannot for the life of us see the force of the Lancet's severe criticism. In discussing the subject of Medical Theories, he endeavors to give a succinct, yet fair statement of Hahnemann's views, for which, we think, he is not censurable. There is no denying the fact, as stated in the paper, that Hahnemann's law of "similia," &c., is "conquering a large space in the realms of therapeutics." A very considerable number in all our large cities are deluded with the idea of "spiritual triturations" and the "infinitesimal globules,"—and if Dr. Smith has a "bag of thoughts" on the subject, why not let us have them. It will be, to say the least of it, a curious chapter on the literature of Humbugs.

We have but one objection to Dr. Smith's paper, and that is that he should class Hahnemann with Louis!! One was a speculative, visionary theorist, devoted to building up a fanciful theory that originated in his own restless brain; the other was a patient, observing, laborious medical philosopher, whose observations have given greater certainty to medicine, and whose accumulation of facts are among the brightest trophies of our medical literature. It is doing him great injustice, therefore, to place his name by the side of the German dreamer.

Dr. Dowler's Appointment.

The *Boston Medical and Surgical Journal* states that Dr. Dowler, of New Orleans, has recently accepted the chair of Physiology and Pathology in the Memphis Medical College. Is this the College recently organized by an association of doctors calling themselves "Eclectics?" We hope, for the sake of Dr. Dowler's reputation, that it

is not. We have been favorably impressed with Dr. D's researches. He is an industrious working man in the profession,—has made some valuable contributions to our medical literature; and we have been led, therefore, to expect better things of him. Yet we have no knowledge of any other Medical school in that city; and, until otherwise informed, must rank him with mongrel Eclecticism.

PROF. SANFORD.

Our colleague, Prof. Sanford, is yet in the Eastern cities, purchasing appliances for the College of Physicians and Surgeons of the Iowa University. We hoped to receive a letter from him in time to publish in the present number of the Journal; but we are obliged to go to press without it.

Our readers may expect to hear from him in our next.

COLLEGE EDIFICE.

The addition to the College building occupied last winter, is about completed, and the entire building remodeled, repainted, and more conveniently arranged for the purposes of Medical teaching.

As now constructed, it is one of the most convenient, neat and tasty structures of the kind in the West.

Iowa University—Medical Department.

The Lectures in the University will commence on Tuesday the 4th of November. The general Introductory address will be delivered by Prof. Hudson.

Already a sufficient number of students are in the city to warrant us in saying, that much the largest class we have ever had, will be in attendance the coming session.

Cincinnati College of Medicine and Surgery.

A new Medical School bearing the above name, has been organized in Cincinnati, and will commence its first course of lectures on the first Monday in November.

Ohio has now four regularly organized Medical Colleges, three of which are well sustained. It remains to be seen whether a fourth will meet with like success.

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ART. I.—*Notes of Practice.—Effusion into Pericardium, in Case of Strumous Diathesis.—Also: Singular Case of Hysteria.* By THOS. KERR, M. D., of Elgin, Ill.

Emily Wilson, nursing child æt. 16 months, teething, strumous diathesis, her mother being markedly so, was attacked on the sixth with sanguineous diarrhœa, which continued till the 9th, when I saw her. I found her with intermittent fever and serous diarrhœa, with striæ of blood.

10th. Fever ceased; stools frequent, but free from blood.

11th. Stools containlng slimy mucous, and very little blood.

12th. Stools about four or five hours apart, and of a healthy appearance.

13th. Patient nurses well, is free from fever, but has a frequent and feeble pulse.

14th. Patient evinces a singular disposition to somnolency. The pulse quite feeble; nurses well; stools same as yesterday.

15th. Stools small in quantity and healthy in appearance; pulse same as yesterday; inclination to sleep quite evident; pupils active; no undue heat in the head; no thirst; extremities inclined to be cold; and occasionally moves the head from side to side on the pillow, with a desire to keep the back of the head sunk below its natural position.

16th. Patient nurses, as usual; more inclined to sleep; when sleeping, eyelids are partially opened, and the eyes diverge, with a rolling motion; pulse quite feeble and quick; considerable rolling of the head; stools every four or five hours, but small in quantity, of a green serous character.

17th. Patient failing; pulse scarcely perceptible, somnolency in-

creasing, frequent nausea, continued motion of the head; extremities cold. Expired at 12 P. M.

Post Mortem.—Calvarium strongly adherent to the dura mater; anterior fontanelle cartilagenous; dura mater much congested, and attached to the calvarium, particularly along the course of the sutures. The tunica arachnoidea contained a quantity of clear serum, which trickled away when the membrane was cut. The ventricles contained about two ounces of serum.

The lungs were healthy, and the pleura free from adhesions.

The pericardium contained about two ounces of fluid, by which it presented a distended appearance when brought to view.

Beyond this the investigation was not carried.

Remarks.—The treatment consisted of simple astringents, quinine and comp. sol. of iodine, and every care taken to meet indications of general treatment, which presented.

It became evident, that the diathesis of the child, had given rise to morbid action in the serous membranes of the head and heart. As early as the 14th my fears were aroused, and I thought it my duty to warn the friends of the fatal action going on. The irritation consequent on teething, had lighted up a flame which the predisposition of diathesis would undoubtedly feed, till the heart became smothered by the effused fluid. Any trouble about the heart, was the last thing the friends expected; but I had the gratification of demonstrating the correctness of my opinion at the autopsy.

This is the third case of the same kind which I have met, this season; two under my own care, the third treated by another. In them all, death took place from effusion within the pericardium, this progressing faster than that within the brain, and causing a speedier death than the tedious one consequent on cerebral effusion alone.

These cases have proved the alarming character of the strumous taint. Well may Prof. Gross style it "an aberration of nutrition." It has its influence at all times, and is always ready to make the fair and beautiful its victim; robbing the parent of all he holds dear, and the community of those who, many times, are its brightest ornaments.

Case of Hysteria.—Saturday, Oct. 11th. Called in haste to see Mrs. N., who was stated to be in "a fit." On arriving, I found the lady laboring under extreme dyspnœa, with livid and swollen countenance; eyes closed; neck quite rigid; unable to articulate, and evidently suffering considerable distress.

Patient, æt. 21, is of nervous temperament, spare in flesh and, tho' enjoying general good health, has irregular menses. They come on every two weeks, continue five days, and are attended with a good

deal of uneasiness; this being one of the periods. Mrs. N. has been hoarse for several days past, and thoughtlessly went out this morning with thin shoes and insufficient clothing. Immediately on reaching home, she complained of faintness, called for water, and fell into a swoon; emerging from which, the trachea and bronchia appeared to become fixed in a kind of clonic spasm, producing the condition above described.

Being unable to obtain any information from the patient, I at once administered a heavy dose of morphine. Deglutition increased the severity of the symptoms. During an hour I succeeded in giving another dose of morphine, but without any apparent benefit. About two hours after my arrival the patient became entirely unable to swallow, and any thing liquid touching the lips, produced, immediately, more violent dyspnœa. In course of the next four hours, I administered, with great difficulty, morphine and tartar emetic: these, however, had not the most remote influence over the symptoms, other than to aggravate them, by contact with the mouth. When this irritability of the muscles of deglutition increased so much that the administration of medicine by the mouth became impossible, recourse was had to enema. A piece of rag, wet in water, was applied to the lips, occasionally, to moisten them, but invariably induced more violent symptoms. The pulse, though irregular, evinced no inflammatory action, but seemed slightly subdued in its beat.

The case now assumed a critical aspect. I suspected the whole to arise from "hysteria;" but as the morbid nervous action centred in the throat and chest, I was anxious, in case of structural injury, from the violence and long continuance of the dyspnœa. Enema, of morphine and asafætida, were now given and frequently repeated; the feet were kept for a long time in hot water; the hip bath was used, and the old fashioned "hemlock steam bath." The latter induced nausea, and upon being repeated, free emesis of dark bilious matter took place, which appeared to moderate the paroxysms slightly.

After fourteen hours of a constant succession of spasm of the entire throat, almost entirely preventing respiration and deglutition, the patient breathed somewhat easier; but any attempt to swallow, or introduce any liquid into the mouth, immediately brought on another paroxysm.

Sunday 2, A. M. Patient is easier, though the breathing is still spasmodic; articulates faintly, and complains of severe headache; can swallow a third of a teaspoonful of water.

6, A. M. Return of dyspnœa and inability to swallaw. Repeated enema, adding 20 grs. quinine as anti-periodic, and put the patient ino the steam bath, which again brought on free vomiting.

12, M. Respiration easier; still unable to swallow, and uneasy from retention of urine. Ordered enema of warm solution of starch, with turpentine and castor oil.

2, P. M. Bowels moved freely, and a large quantity of limpid urine discharged.

8, P. M. Patient easier; eyes still determinately closed. There is yet marked jerking of the neck, at any inspiration, and also inability to swallow. Enema of morphine, asafœtida and warm water ordered; During the night patient slept a little and began to speak her wants.

Monday, 6 A. M. Eyes still shut; patient says she has no power to open them; can swallow a little water, but with etreme difficulty. Repeated the enema.

9, P. M. Patient has improved during the day, and respiration is almost normal.

Tuesday. Patient still recovering; can drink a little; the unexpected arrival of a friend from Chigaco, brought on several severe paroxysms of dyspnœa and spasm of the extremities, which continued till an enema of morphine and asafœtida operated.

Wednesday and Thursday. Patient has opened her eyes occasionally, and requested lemonade, which she drinks freely.

Friday. Patient is improved; opens her eyes a little, and can breathe and drink easily.

Saturday. A week from her first attack, patient opened her eyes completely; she takes nourishment, also, for the first time in the same period.

Mrs. N. has improved rapidly since, and is at this time, Oct. 20th, quite convalescent.

In this case, there existed from temperament, a predisposition to morbid nervous action. At this time, the existing catarrh, aggravated by imprudent exposure to cold and damp, at the accession of the menses, had determined the entire morbid action to the muscles of deglutition and respiration.

The peculiarity arose from the toleration of powerful anti-spasmodics. During the six hours that permitted the administration of remedies by the mouth and the eight following hours, during the violence of the paroxysms, when enema were used, nearly six grains of morphine and three grains of tartar emetic were given, without any influence on the symptoms, or general condition of the system.

I have thought, since, that a stream of cold water, directed on the neck from a height of several feet, might have dissipated the nervous action and released the enthralled muscles. It may be proper to mention that there is no morbid mental condition in Mrs. N., for she is

possessed of great intelligence and common sense. She has told me that she was sensible to the approach of the paroxysms, but became utterly unable to resist their power.

ART. II.—*An Anomalous Case of Diseased Action.* By ORPHEUS EVERTS, M. D., of St. Charles, Ill.

There is nothing to be more regretted, in the profession of medicine, (unless it is a blindness to the many truthful and sublime principles which have been established beyond a peradventure, and stand upon the firm basis of experimental deduction, which unfortunately afflicts thousands who grope their way in the darkness of ignorance,) than the neglect, on the part of many qualified to observe phenomena in life's changes, disease and death, to note accurately at the time, such observation.

Every case of disease should be regarded as an *experiment in pathology;* and whenever a case occurs, as will do in every man's practice, with an assemblage of symptoms, which in themselves are of ordinary occurrence, and familiar in their appearance, but in their combination are abnormal, interesting and peculiar, there is as great a necessity for accurate notation, as there would be in conducting an analysis in organic chemistry, the comparison of which and balancing with many others of like precision, is required to prove, and from which have been deduced facts, simple and beautiful, but so powerful as to revolutionize the philosophy of the world.

Humiliating as it may be to the lover of truth and progress in science, the advancement and ennobling of which, in all its departments, tends to exalt our own in every onward motion, I must confess my own defection in the above regard, and have promised myself a thorough reformation, in which I hope many of my young friends in the West, whose eyes may meet this, will join me with a right good will. The following case of an abnormal assemblage of symptoms, attended with remarkable and serious results, made such an impression upon my mind as to induce me to offer it from memory, which, of course, only enables me to give an outline of its features, at best.

Miss D., of St. Charles, Ill., æt. about 25, of bilio-nervous temperament, spare habit, though of ordinarily good constitution, enjoying previous good health, was attacked with a chill on the morning of—— April, 1847; complained at the same time of pain in the left leg, ankle and foot; reacted soon with fever, and called in Dr. Richards, then of St. Charles. Dr. R. regarded it as a case of vernal ague, the pain neuralgia, and one of the many freaks of malaria: prescribed

quinine and morphine in full doses; called in the afternoon: symptoms mitigated, and prescription repeated for next day.

Early the next morning the Dr. was again called, and, to his surprise, found the patient perfectly paralyzed on the right side, with an inability to speak and a loss of memory. The palsy had occurred some time in the night; but at what time, or in what manner, was unknown.*

I saw her, with the Dr., soon afterward. Her breathing was natural, save the disturbance from paralyzed intercostals, on the right side; the circulation undisturbed; skin normal; eye clear and unchanged, save in the direction of its axis. There was no evidence, therefore, of mechanical pressure on the cerebral mass, of any extent, and the lesion of the nervous centre, was, of course, entirely in the dark. She gave no evidence of suffering pain in the left limb, as before; there was no redness nor swelling.

In the evening of the same day we examined the limb carefully again, and found a strip of gangrene, about one half an inch wide, zoning the great toe of the left foot, commencing at the root of the nail. I do not remember if the temperature of the limb above was diminished or not. Strong stimulating applications were ordered, however, and continued through the night. In the morning we found the gangrene (dry) had encroached upon the instep and was gradually traveling up. The applications were continued; applied warm tincture cantharides; ammonia, turpentine and olive oil were used in succession, or combination, but without increasing apparent vitality in the limb, in the least; and no check was given to the disease. There was no recurrence of chill or fever; no change in the right side; could swallow; took nutriment and some stimulants which were ordered.

The next day the gangrene had surrounded the ankle, and a blister plaster was ordered, below the knee some four inches. It vessicated in ordinary time; but I am satisfied it was bad practice; as the application of remedies of a power to destroy life, in ordinary activity of the forces, is bad practice, where vitality is already much reduced in the tissues, unless there was a desire to hasten the death of the part. The gangrene progressed, without any other changes in the system than increased debility for several days, when a line of demarcation was formed, encircling the limb in an oblique manner from behind, commencing at the lower portion of the belly of the gastrocnemii muscle, upward and forward, following the edge of the blister in front, to their extreme angles, below the knee; giving an anterior surface of decomposition, in extent above the posterior, of just the dimensions of the blistered part: hence the above suggestion.

* Her father, an old man, lay in an adjoining room, a paralytic, at the time.

From this period the patient improved in strength, on generous diet, with good appetite and wine and peruvian bark, as a tonic.

As soon as advisable, by permission of Dr. R., with him and several others present, I amputated the limb below the knee. The appearance of the calf of the leg was such, that we determined to use it as a flap; and I operated with a straight incision over the tibia, in front, and transfixed the muscles behind, just below the head of the fibula, cutting outward and downward, nearly parallel with the line of demarcation. As the knife glided from the muscles and the flap fell, about six ounces of pus followed it and disclosed a secreting surface, lying deep beneath the muscles, but entirely disconnected with the periosteum, and which had been a complete cyst. The bone and muscles themselves, appearing healthy, I dissected the sac surface from the flap, removed the limb and dressed as usual. The healing process was very kind, and the patient gained strength, flesh and apparent health rapidly, with a return of the natural functions of all the organs, save the condition of paralysis which remains the same to the present time.

Nothing was disclosed by the amputated limb, further than the pus formation, that had any bearing upon the phenomenon of disease below.

Her present condition is, good health, in every respect but the one mentioned; can articulate so as to be understood by her friends, to some extent; recognizes her acquaintances; knits and sews with her left hand quite ingeniously; can read a little with apparent understanding and relish; all of which she has learned, however, since her recovery, having no memory anterior to the event of paralysis.

The whole routine of remedies for paralysis have been resorted to without the least impression.

Quere: Was there any connection between the disease of the left leg and the paralysis of the right side? Was the pus formation primary to the gangrene, or concomitant, sufficient vitality being present above to sustain the force of ordinary inflammation? The case suggests many interesting inquiries, which would require other experiments to elucidate and prove.

ART. III.—*Case of Metritis.* By J. HAINES, M. D. Keokuk, Iowa.

Aug. 30, 1851. Called to see Mrs. M. She is about 25 years of age, of light complexion, fair hair and blue eyes; married about five years; has given birth to two children, both living at this time.

On the 11th of May, I attended her in confinement. She had a speedy recovery, being confined to her bed only six days. From that time to August 1st, she informs me, her health was good, never enjoyed better. About this time commenced to complain of feebleness, which gradually increased, up to the present; yet at no time has her debility been so great as to prompt an attentive and observing husband to seek medical advice, or prevent her nursing her child, and performing all the labor of her house, washing not excepted.

At this visit the appearance of Mrs. M. was markedly changed from what it was when I last saw her. The extreme emaciation, the entire body bathed in a cold, clammy perspiration, extremities cold, a feeble, fluctuating pulse, &c., made a deep impression on my mind that all the vital forces were flagging and life fast ebbing away. But on inquiring how long she had been ill, her reply was: "I have not been sick since my confinement, but had something like slight chills for the last three or four days; nor am I now sick enough to go to bed!" saying, all she desired of me was, to give her something to "break these chills, and she would feel well enough," requesting, at the same time, that I should not prescribe anything that would make her sick, as she had no help and must attend to her house, &c.

EXAMINATION.—As above said, her entire body was saturated with cold, clammy perspiration; complained of her feet feeling uncomfortably hot; but, on examination, I found both the upper and lower extremities quite cold, to her body. Pulse 50 to 60, irregular. Digestion good. Appetite rather craving. Bowels and urinary organs acting well; respiration hurried to 30 per minute, occasionally interrupted by a dry, hacking cough; dullness over the sub-clavian and mammary region of the right side; said the cough did not occasion pain, but when in the horizontal posture, felt a heaviness or sense of pressure on that side of the chest.

She appeared lively and to enjoy conversation. In short, neither she nor her friends supposed there was any thing in her case requiring much notice, except the chill, which the Western physician is expected to eradicate in from 24 to 36 hours, and accordingly informed me that she expected to attend to some business the next day, and hoped I would not forbid her doing so.

I confess I was at a loss. All her outward symptoms; the peculiar odor from the body &c., indicated dissolution; yet I had not dis-

cerned the cause. The lungs were evidently implicated, but as yet in the incipient stage of disease, and all the other organs appeared to be acting infinitely better than could reasonably be expected under such a depressed state of the system. Fifteen grains of calomel were administered, to be followed by a dose of oil in two hours. After the oil should have operated, the following was ordered:

℞. Sulph. quinine, gr. xx.
Pulv. Ipecac. et opii, " xv,
Made into six powders, one to be taken at intervals of three hours.

With this I took my leave. I felt that there was organic disease somewhere, undermining the constitution of my patient, that I had not yet detected, and such was the fact.

Same day, 8 P. M., six hours after my first visit, summoned in great haste; found Mrs. M. in a state of extreme prostration; voice gone, though once or twice she made an effort, she could not make her friends comprehend what she wished; pulse 40 and very weak; sleeps constantly if undisturbed, and indeed it is almost impossible to arouse her, but even when aroused to apparent consciousness, she instantaneously drops asleep the moment we cease to annoy her. On enquiring the cause of so sudden a change in her condition, I learned that about an hour after taking the castor oil, she complained of pain in the right hypochondriac and iliac regions, extending to the opposite side, which was soon followed by a discharge from the vagina of a brown or dirty yellow appearance about the consistence of thick cream, and in quantity half a pint. Such was the statement of her friends, which appeared to be verified in every particular, from the appearance of her clothing. From examination per vaginum, I found the womb about thrice the normal size, the os tincæ closed, yet there continued to discharge from it, very gradually, a thick yellow matter. The os presented to the touch a more irregular surface than natural. The vagina appeared to be in a healthy condition. Pressure over the right iliac and hypochondriac spaces produced pain. The bowels having been acted on by the oil, the quinine and Dover's powders were now commenced as previously ordered. Also the vagina to be thoroughly cleansed frequently with a solution of castile soap so long as the discharge continues, and to follow each ablution with one or two syringe fulls of the following mixture:

℞. Vinum Rubrum, f℥ vi.
Aqua Rosæ, f℥ vi.
Sulph. allumina, gr. viii.
Tannin, gr. viii.

Aug. 31, 9 A. M. Less inclined to sleep, and not sweating so profusely; pulse 45, irregular. Discharge from the vagina continues, and presents this morning the exact appearance of the thick purulent discharge observed in the second stage of gonorrhœa. Tenderness over the right ovary more acute; no fullness or swelling. Ordered strong mercurial ointment to this part; otherwise treated as before prescribed.

Sept. 1, 9 A. M. No particular change except in the discharge from the vagina, which has become very thick, resembling thick yellow evacuations from the bowels, but composed of grains about as coarse as coffee grounds.

In addition to her former treatment, brandy was ordered, *pro re nata*; also for her cough, which is becoming more harrassing, and the pulmonary symptoms generally indicating prompt attention, antimonial ointment was ordered to be rubbed freely over the chest, until a full crop of pustules should be produced, and the comp. syrup of squills given internally.

Sept. 2, 9 A. M. No material change; says she feels better; quinine discontinued; gave calomel gr. x, to be followed with oil, otherwise treated as yesterday.

Same day, 8 P. M. Worse; is in a state of profound stupor; impossible to arouse her. Pulse 30 to 35, and very irregular; it beats twice, then there is an intermission of from two to three beats, then it will beat three times and a cessation for four or five beats. All the extremities are perfectly cold, aud the entire surface bathed in a cold cadaverous perspiration, emitting a very disagreeable smell. I learned the cause of so sudden and so great a prostration of the vital forces was again caused by a very large discharge from the vagina, occurring, as on a former occasion, just before the operation of the oil. She discharged from the vagina, at this time, over a pint and a half at one gush; and the discharge gradually continues: no change in appearance of the discharges. She was ordered tinct. ferri mur. xxx gtts., at four hours interval. Former treatment continued.

Sept, 3, 2, A. M. Received word that my patient was *dying*. On my arrival, I found her as I had left her, insensible to every thing that was done. The pulse was not quite so frequent, and the intervals of cessation were longer; sometimes it would cease to beat for the space of 8 or 10 seconds; did not average over 28 or 30 beats to the minute. Ordered brandy to be administered frequently.

Same day, 9, A. M. Less stupor; pulse 40, and quite irregular; discharge from vagina continues very slow and gradual. No alteration in treatment.

8, P. M. Symptoms generally improved. Discharge from the vagina gradually diminishing, and has become of a dark green color, about the consistence of soft soap; expectorates, freely, a thick, yellow matter; chest covered with pustules, from the ointment, which is discontinued. The mercurial ointment has, also, been discontinued, the tenderness over the region of the ovary having sensibly diminished.

4 and 5. A gradual improvement. Less oppression about the chest; discharge from vagina continues, much thicker and perfectly black. A glass of port wine, with an egg, ordered twice a day.

Sept. 22. Is able to walk across her chamber. There has not been any discharge from the vagina, since the 14th. The womb appears to have regained its normal size; no tenderness over any portion of the abdomen. There is partial prolapsus of the uterus. The condition of the lungs has improved very much; still continues to use the preparation of iron and the comp. syr. squills, but has not used the injection, per vagina, since the 15th.

In the second week of October, I saw Mrs. M. for the last time before her departure for Ohio. At this visit, I found her in good spirits; expressed herself as feeling well; although she informed me, that for a few days back there would occasionally be discharged from the vagina, some dark grumous matter, unaccompanied by pain, or any unpleasant feeling. She was very feeble, but evidently improving rapidly.

Nov. 12. I have this day received a communication from the husband of the above, who informs me that his wife is now in the enjoyment of excellent health, as good as she has had for years, except that she is occasionally troubled with a slight cough.

To me, this has been a most interesting and instructive case. In the first place, it will be seen by the symptoms which I have enumerated, that it was a well-marked case of uncomplicated metritis, and is of interest, mainly, in two particulars: First, because, when compared with the frequency of peritonitis, it is a rare malady: and Second, because destructive inflammation progressed insidiously, without being made manifest by the usual signs of such action. Pain, swelling, heat and fever are invariably looked upon as necessary accompanying marks of inflammatory action. It is true the parenchyma of visceral structures, when inflamed, give less prominence to the symptoms than serous membranes, or the more strictly fibrous structures. The uterus being possessed of feeble nervous sensibility, we might naturally expect less constitutional disturbance would arise from extensive disease of its substance, than when this amount of morbid action involved, or was confined to, its serous and mucous coverings.

There was no evidence warranting the conclusion, that metritis produced the curious train of symptoms in the above case, until the copious purulent and sanguineous discharges from the vagina made their appearance; and when we reflect on the amount thus evacuated, we can be at no loss to account for those frightful paroxysms of syncope.

Cases of this kind are of seldom occurrence; it is not often that such extensive inflammation exists without involving the peritoneum: nor is it at all times to be expected that the phlegmasial products will be thrown off so favorably. If, instead of being thrown off on the free surface, large quantities of pus had been introduced into the general circulation, by means of inflammation of the veins of the uterus, death must have inevitably resulted.

ART. IV.—*Treatment of Diarrhœa and Cholera by Sulphuric Acid.*—By T. Buxton.

Dear Sir:—In compliance with your request, I beg to send you a few hasty remarks on my treatment of cholera by sulphuric acid *only*.

My attention to this treatment was first drawn some years ago in consequence of having read in a provincial paper that colica pictonum was cured by sulphuric acid; this led me to the use of sulphuric acid in diarrhœa.

I have for some time treated cholera with *sulphuric acid only*, and I find it a perfect specific. In common cases of cholera I gave a scruple of the diluted sulphuric acid in an ounce of water; my usual form is diluted sulphuric acid, two drachms; compound tincture of cardamom, two drachms; water, five ounces and a half; with directions to take two tablespoonfuls directly, and to be repeated after every loose stool, or vomiting; and every four hours afterwards. The first dose seldom fails to stop the purging and vomiting, but still a little nausea may be felt at the stomach, with a little pain, for which reason I direct the dose to be repeated every four hours. I seldom have occasion to quickly returns. In severer cases, where there is violent cramp, I give first a draught of half a drachm of the diluted sulphuric acid in one ounce of water, and then prescribe the above mixture. In cases of collapse, where the pulse is scarcely perceptible, with cold, clammy sweats, and a constant purging, &c., I give half a drachm of diluted sulphuric acid in a tablespoonful of water, and repeat it every quarter of an hour, till first warmth gradually returns, the purging stays, and the pulse becomes stronger, when I gradually give less doses at longer intervals.

In my first commencement of the use of sulphuric acid in cholera, I was afraid to use it alone, and I prescribed opium with it; though the purging stopped, the sickness frequently was but little abated, with often pains in the head; which induced me to leave out the opium, when I found the sulphuric acid was the better remedy without it. Occasionally I have given the sulphate of magnesia, or some other

purgative, with the acid on the after, but I now find this needless. If my patient is weak, I frequently prescribe three grains of sulphate of quinine, with one scruple of diluted sulphuric acid in one ounce of water, two or three times a day.

I have seen all the other usual remedies fail in the treatment of cholera. In 1832, calomel, in large doses, with and without opium, had its advocates; but the patients died. Oil of cajeput, though a powerful adjunct, failed. Transfusion of salt water, and of blood, I only saw once tried, when the patient died. In after years I have used colchicum with success, but all the cases were slight, so that I am unable to state its value in the stage of collapse. Brandy and opium, though powerful stimulants, in the stage of collapse often prove inert. The inhaling of sulphuric ether in the last stage, I have not used. Purgatives and astringents are also known to fail. Sulphuric acid I have never seen used but in my own practice, nor had I seen or heard of its use until you directed my attention this morning, in the library of the Royal College of Surgeons, to a communication of Dr. Cox on the subject. I have not yet found it to fail, although employed in the stage of collapse. The remedy is pleasant to take, produces not that dislike usual in taking medicines, and if once in the stomach is retained, though water given immediately before it is ejected.—*London Lancet.*

In the diarrhœa of drunkards, and such as may have frequent attacks of looseness of the bowels, with nausea and vomiting, caused by the abuse of the alcoholic drinks, *sulphuric acid,* given in the usual dose, will be found almost a certain cure. It restores the tone of the stomach and bowels—the loss of which seems to give rise to the *diarrhœa a potu,* and acts favorably on the liver, producing a free discharge of dark bilious matters. We might record several cases of this description, in which the use of this mineral acid had produced speedily a favorable effect.—*N. O. Med. & Surg. Journal.*

ART. V.—*Citrate of Cafeine a Remedy in Neuralgic Affections, especially in Migraine, or Nervous Headache.*

The Parisian Medical Journals of a late date, eulogise this new preparation in certain nervous affections; and as this class of complaints is confessedly the most difficult to relieve and the most vexatious to the physician, we shall make it our duty to bring to the notice of the profession every medicinal means which promises to add any thing to our therapeutical resources. Among the series of experiments made by M. Hanon, with citrate of cafeine, we condense the following:

Madame S. was afflicted for a number of years with a nervous headache of irregular paroxysms—coming on three or four times during the week; with this exception her health was apparently excellent. Just before the paroxysm came on, Madame S. experienced a feeling of sadness—of lassitude, and sometimes partial surdity. The nervous agitation augmented as the accession was near, and sparks flash-

ed before her eyes, and she experienced buzzing in her ears. When the cephalgia was fully developed, the pupils were greatly dilated, and the pain was excrutiating in the right eye; gradually, however, it spread itself over the temples. At this stage of the case, the features became contracted and the countenance extremely pale. The paroxysm commenced with the rising of the sun, and gradually subsided as evening approached—then the patient was seized with vomiting, and the paroxysm passed off.

Case second was Madame V., who was subject to periodic attacks of nervous headache, which generally came on every five days. The access was preceded by general malaise, horripilations, &c.

Several other cases similar to the preceding are reported by M. Hanon—all of which was promptly relieved by the citrate of cafeine. This salt is made by combining directly nitric acid, sufficiently diluted, with cafeine and then exposing the mixture to a temperature of 50° cent. When the cafeine is dissolved, it is slowly evaporated and the citrate crystalises.

The salt thus prepared is very soluble in water, and the stomach assimilates it in proportion to the purity of the cafeine. Thus prepared; the salt contains one equivalent of cafeine and two equivalents of water, for three equivalents of citric acid.

The citrate of cafeine may be given in several grain doses, according to the effect sought to be produced, either in the form of pills, potion or syrup. The dose must be small; a few grains at first, to be gradually increased until the full influence of the medicine is obtained. It promotes the biliary secretion, imparts energy to the vital forces, and exalts the intellectual faculties. We trust the profession will give this article a fair trial, and to us it seems to promise much good. In another number we shall have more to say of the citrate of cafeine.

We have translated and condensed the foregoing observations from the Journal des Connaiss. Med. Chirg. April, 1851.—*N. O. Med. and Surg. Jour.*

ART. VI.—*On the Treatment of Intermittent Fever by White Oxyde of Arsenic—Experiments in Hospital de la Charite, Paris.* By M. Andral. These experiments were performed in May, June and July, 1850.

The white oxyde of arsenic was given in eleven cases taken indiscrimately. In one case the fever appeared to be symptomatic of tubercular disease; in another of some organic affection of the stomach. In almost all other cases the disease dated within the year, and had first appeared in Africa. In one case it arose spontaneously in the hospital. In the majority of cases the ague was tertian; in others, quotidian. The medicine was not administered until at least one paroxysm had occurred in the hospital; in some cases only after three or four fits.

In the mode of administration, M. Bourdin's plan was followed—

viz. in equal parts of wine and infusion of canella. It was taken five hours before the accession of the paroxysm. The first dose was generally three centigrammes (= 0·463 Eng. grs.), rather less than half a grain at a dose!

In ten cases the disease was cut short almost from the first dose. Where a second was required, it was often found that the first had been rejected through some derangement of the stomach. In one case, however, where the first dose failed, an emetic was given, and the disease disappeared. In one case stomahcic and intestinal disorder interfered entirely with the action of the remedy. The following table shows that a considerable quantity of arsenic may be taken by persons laboring under this disease without harm resulting:

One patient took	11	centigram.	(=1·697	Eng. grs.)	in six days.
Others	15	"	(= 2·315	")	in twelve days.
"	12	"	(= 1·852	")	in ten days.
"	9	"	(= 1·389	")	in three days.
"	5	"	(= 0·926	")	in four days.
"	13	"	(= 2·006	")	in five days.
"	6	"	(= 0·926	")	in "
"	11	"	(= 1·697	")	in "
"	15	"	(= 2·315	")	in "
"	9	"	(= 1·389	")	in nine days.

Generally the dose of three centigrammes (= 0·463 Eng. grs.) was administered daily or every other day. In some cases the size of the spleen decreased: but sufficient facts are wanting to determine the influence of the remedy on the spleen.

In the doses and mode in which it was administered by M. Andral, the medicine produced a sense of warmth in the stomach. This was not attributable merely to the wine, as it was experienced when the latter was not given. Sometimes vomiting occurred a few hours after the dose was swallowed. In two cases colic and diarrhœa supervened. In one case frequent micturition was noticed. In some cases headache and syncope were produced.

M. Andral considers that arsenic should be placed as next in value to quinine, and before all other remedies for ague. In answer to the question whether it should not be used instead of quinine, on account of the lowness of price, M. Andral says no. First, because it is apt to produce vomiting and other unpleasant effects in some cases; secondly, because it presents increased facilities for poisoning by rendering it possible to refer an effect to the medicine which was the result of another agency. On the contrary, *arsenic should never be employed except where quinine has failed to do good.—Med. Gaz.*

ART. VII.—*The treatment of Scrofula, as it affects the External Lymphatic Glands.* By T. BALMAN, M. R. C. S.

I have made trial of most of the reputed anti-scrofulous remedies, and must confess with very indifferent results. The following, however, deserve some notice :—mercury, barium, iodine, alkalies, cod-liver oil, &c , &c.

Mercury.—Of the different preparations of this metal I have commonly preferred the Hyd. c. Creta and the bi-chloride. The former may be given, in combination with rhubarb and magnesia, as an alterative aperient, every other night, or oftener, according to circumstances. The benefit accruing from some simple combination of this kind, by improving the secretions, and giving tone to the digestive mucous surfaces, is often very striking ; and indeed, it is not uncommon to see some of the milder descriptions of the cases get well by a short continuance of these medicines alone. It should, I think, precede every other kind of treatment. The bi-chloride I have given in doses, of 1-16th to 1-20th of a grain dissolved in distilled water, or in the form of a pill, with the Ext. of Sarsa, twice or thrice a day. I have seen it of use in cases of glandular swellings complicated with some of the more obstinate forms of scaly cutaneous disease, and psoriasis. Under these circumstances, and provided the general health be good, this preparation may be given with advantage. It sometimes rapidly causes the absorption of the intervening cellular tissue, by which several isolated tumors are often aggregated into one firm resisting mass ; and here its beneficial operation seems to stop, the glands themselves being seldom completely dispersed by this remedy, however long continued. In irritable subjects it rapidly brings on suppurative inflammation, and this may be said to bring the case to a close earlier than otherwise might have happened.

Barium.—I have made trial of this remedy, so much extolled by some of the older writers, and am disposed to entertain a very favorable opinion of its efficacy, particularly in chlorotic, cachetic and other cases attended with a languid circulation and much general debility; it seems, therefore, well adapted for females of a lymphatic temperament, and attended with any irregularity of the menstrual function. I generally use it in combination with the muriated tincture of iron. ℞ Baryta Chlorid gr. x ; Tinct. Ferri Mur. ʒij. to ʒss. ; Syr. Aurantii vel Aq. Destillat. ʒx—Mix ; of this half an ounce to an ounce may be given three times a day.

Cod-liver Oil has appeared to me to exercise little or no influence upon the great majority of external glandular tumors. It must, however, be admitted that it is a potent and valuable remedy in some forms and complications of the disease : when associated with caries of bones or phthisis, for instance, I almost invariably order the oil, as exercising a most beneficial influence in both these cases. Again, in many of those boggy and unhealthy sores which are observed to remain unchanged for a very long time, and are usually covered with a thin dry crust, which on being removed, exposes a pale, soft, flabby ulcer, exuding a thin, grumous, unhealthy looking matter ; I have often observed these kinds of sores get well by a lengthened continu-

ance of cod-liver oil, having previously resisted most other remedies. Whatever may be the rationale of its operation, there can be no doubt but that it supplies to the blood, and thence to the different tissues of the body, very important nutritive materials which were previously wanting. Where, for instance, we see a sore exuding a thin colorless fluid as transparent as water, alkaline, and coagulating on the application of an acid, consisting of little else than the serous and watery portions of the blood, which we have seen to be so abundant in this fluid, incapable, therefore, of cell growth and the production of new tissues, from a deficiency or imperfect assimilation of that higher organized material, the fibrine, if under these circumstance, cod-liver oil, or any other agent causes the sore to throw up healthy granulations and get well, it must be by supplying the blood with a more highly vitalized pabulum, which, by increasing the red corpuscles, substitutes for the serous and watery blood-liquor a plasma more in accordance with what we know to be the healthy and standard condition of this fluid.

Alkalines have for a long time been reputed as valuable anti-strumous remedies, and have been recommended very recently by some very high authorities. This has doubtless arisen in some measure from partiality for, or the belief in, the antiquated doctrine which assumes that there is some specific acid principle pervading the animal fluids which determines the developement of the disease. It is hardly necessary to state that this a mere hypothesis; and I have, by some attention to this point, satisfied myself that there are no grounds whatever for believing that an excess of acid of any kind is generated either in the chlylopoietic viscera or eliminated from the system with the different excretory products. It is quite true that the irregular appetite, bad digestion, and vitiated alvine discharges, do frequently in childhood precede the early manifestations of scrofula, and seem to point out the probability of there being an excess of acid generated in the primæ viæ; but it by no means follows that this should be one of the most important features of the disease. Not only on these grounds, but from practical experience, I have come to the conclusion that little benefit will result from any lengthened persistence in this class of remedies: on the contrary, I am disposed to believe that they are sometimes absolutely injurious, by deteriorating still more the already too impoverished blood. In proof of this I may mention that during the trial I made with the various alkaline preparations reputed to cure scrofula, I observed in many instances one of the commonest complications of this disease to appear: I allude to opthalmia, which as speedily yielded to the opposite treatment.

Iodine, either alone or in combination with potass., has succeeded but indifferently in my hands; and I believe it will be found that the value of this substance has been much over-estimated. The iodide of iron, however, is a very excellent preparation, and may be given either alone or in combination with cod-liver oil.

Phosphoric Acid.—In one of my former communications I casually alluded to phosphoric acid as a medicine which I had seen to exercise a very beneficial effect in a considerable number of cases. Since this period I have steadily watched its operation upon a more extended

scale, and I do not hesitate to assert that, as a therapeutic agent, it will be found in no degree inferior to any before mentioned. Its effects are sometimes very marked in some of those obstinate forms of strumous conjunctivus which we know will sometimes resist for a long time every kind of treatment, and at other times will quickly disappear under the influence of some simple local application, but perhaps as speedily return under the slightest exciting cause. In these (if one may so express it) intermittent forms of opthalmia, arising in a scrofulous constitution, I have found this medicine of especial service, not only in completely removing the disease, but also in preventing its recurrence. I am in the habit of giving it in the infusion of Columbo, commencing with five minims of the dilute acid of the Pharmacopœa, gradually increasing it to twenty or more. This combination seems to agree very well with the stomach, and, unlike most other mineral acids, may be continued for any length of time without producing any unpleasant effects. Whether its beneficial effects are confined to its tonic influence, or exercise some more specific influence upon the blood and system generally, I do not know.

As regards the treatment of scrofulous swellings, I believe that much harm is sometimes done by the indiscriminate use of frictions with the iodine ointment and other compounds, by inducing a low form of inflammatory action in the skin and integuments and the chance of bringing on suppuration, which it is desirable in many cases, for reasons before stated, to prevent. On this account, and also from the fact that the action of all such applications is very feeble in dispersing the tumor under any circumstances, I seldom now have recourse to them.

In the absence of all signs of inflammatory action, after a trial of some of the foregoing internal medicines, I prefer as a counter-irritant, penciling the part with the solid nitrate of silver a few times, at intervals of a week or ten days. This, I think, is a milder and safer proceeding than the use of blisters, the action of which is more diffusive and irritating.

It is hardly necessary to insist upon the utmost attention being paid to a variety of circumstances regarding the general management of scrofula; such as good and wholesome food, good air, sea-bathing, exercise, and various other hygienic means, which are known to exercise the happiest effects in every form and variety of this disease; and, if trusted to alone, would, I am persuaded, in many instances give the patient as good, if not a better, chance of getting rid of this most intractable disease.—*Medical Gazette.*

ART VIII.—*On the employment of Collodion in the production of Artificial Ectropium.* By M. Cunier.

The obstinacy with which adhesions are almost invariably reproduced after the division of the tissues, constituting *symblepharon,* is known to all surgeons; and numerous have been the operative procedures contrived to prevent this. To all these, M. Cunier prefers

the employment of collodion. After dividing or dissecting away the adhesions, the eyelid is maintained everted, by connecting it with bandalettes of linen soaked in collodion to the frontal region, or the cheek as the case may be. In three cases in which the plan has been tried, it has quite succeeded. In two only the extroversion was maintained permanently for nine days, then for some hours during the day and all night for three weeks, and then occasionally. In the other, a much shorter space of time was required. The bands require readjusting every morning;and the eye is protected by allowing a compress to hang down before it. In the same way, the *conjunctival bridles*, which are so common in Belgium, as a result of the incautious use of caustic, may be treated; and the management of *ankylo-blepharon* is thus also simplified and rendered more certain. Dr. Cunier has also employed this mode of eversion in the management of voluminous granulations and vegetations—especially those of the upper lid; and the result of six months' observation convinces him that cauterization by the nitrate of silver, and the application of the acetate of lead, exerts a more rapid and complete effect, in proportion to the time the eyelid is thus maintained continuously everted. In this way many old cases have been unexpectedly benefitted.—*Annales d'Oculistique*, t. xxiv, pp. 186–94.

ART. IX.—*Peculiar Appearance of the Gums of Consumptive Patients.*

Dr. T. Thompson, Physician to the Hospital for Consumption, details, in the proceedings of the Royal Medical and Chirurgical Society, a singular appearance in the gums of consumptive patients. These remarks, coming from one who enjoys such means of observation as those possessed by Dr. Thompson, are calculated to arouse the attention of the profession, and it is the duty of all who enjoy the means of doing so, either to refute or confirm the statements of Dr. Thompson. The Lancet says:

"The author, after glancing at the risk of allowing the study of auscultation to supersede attention to general symptoms, refers to the discovery, communicated to the Society by the late Dr. Burton, of a blue line at the edge of the gums, as indicative of the presence of lead, and thence derives an encouragement to the examination of this part of the system, when there is reason to suspect any poisoned or morbid condition of the blood. He then presents the results of his observations in reference to this inquiry in cases of consumption, and avows his conviction of the frequent existence, in phthisical subjects, of a mark at the reflected edge of the gums, deeper in color than the adjoining surface; in some patients a mere streak on a raised border, in others a margin, more than a line in breadth, of a vermilion tint, inclining to lake: the mark being most distinct around the lower incissors, but usually observable in both jaws, and often around the molar, but modified in its situation by the form of the mouth. The author has examined some hundred cases in the course of the investigation, and gives the analysis of 102, of whom he has full records.

In forty of forty-eight women the gingival margin is present; and in fifty-four phthisical men, although in a few the line is so faint as to be open to question, there is only one in whom it can be considered as decidedly absent. He has reasons for suspecting that the same condition of the system which produces this state of the gums tends also to produce clubbing of the fingers; but he considers that the change in the extremity of the fingers rarely occurs till sometime after the streak is manifest in the gums. Of seventy-six patients, forty-five were found to have clubbed fingers; of these forty-five only one had gums free from the characteristic margin; yet twenty of the seventy-six had marginated gums but no expansion of the extremities of the fingers.

"The author discusses the effect of various modifying influences, such as hereditary tendency, catamenial disturbances, and habits as respects cleanliness, but cannot connect the presence of the symptoms in question with any of these circumstances; but he is of opinion that causes which irritate the mucous membrane tend to accelerate and increase the manifestations of the margin. He suggests this as an explanation of the more frequent abscence of the line in women than in men, and dwells on its practical importance, as indicating in such cases the use of refrigerants, as preliminary to the introduction of tonic remedies. The author canvasses the question whether a similar line exists in any other disease; he allows that M. Fredericq may be correct in the opinion that certain changes in the gums occur towards the close of various chronic diseases, but he has never yet observed the peculiar margin described in this communication, without detecting other indications of consumption, although frequently only incipient. As respects prognosis in phthisis, he proposes the general rule, that cases in which the streak is observed early, or is broad or deep colored, tend to proceed more rapidly than those in which it is absent or slight; whilst freedom from the streak, even in the third stage, affords encouragement in treatment.

"In reference to diagonsis, the author believes,—1st. That the absence of the streak in men affected with inclusive symptoms of phthisis, many incline us to a favorable interpretation of any such suspicious indications; but that in women, rather less weight is to be attributed to this negative sign. 2d. That the presence of the sign in women is almost conclusive evidence of the presence of the tubercular element in the blood.

"The paper concludes with the remark, that the symptom therein described is one of many proofs that consumption is *not* exclusively a local disease, but rather a constitutional condition, requiring for its elucidation and treatment far more than an acquaintaince, however exact, with the phenomena of auscultation."

Editorial and Miscellany.

St. Louis Medical Colleges.—University of Michigan—Cleveland Medical College.—Medical Men of New York.

NEW YORK, *Oct.* 14, 1861.

MY DEAR DOCTOR:

Although the facilities of communication between the various parts of our wide-spread country are so great as to render a visit from the West to our Eastern cities, scarcely more than an ordinary trip of pleasure; yet the delays with which I have had the misfortune to meet on the journey hither, have occupied as much time as it usually takes to cross the Atlantic.

Whilst this inordinary consumption of time is to be regretted on account of the brief period I am allowed to be absent, it has not been without its favorable and compensating circumstances. Most of the delays occurred at the great links of communication between the West and East, and afforded me opportunity of becoming more familiar with the medical men and schools of some of our Western cities. The immediate and rapid communication between the cities of Keokuk and St. Louis, by the most splendid class of steamers I have anywhere seen, brought me at once to this latter, great and prosperous city. Here I was detained 24 hours, and enjoyed the pleasure of a visit to its Medical Schools and Hospitals. It is impossible to speak too highly of the zeal and enterprise of the medical men of St. Louis, who, without patronage from the State, and in defiance of the difficulties incident to the establishment and early career of all institutions of learning, have succeeded in erecting, and furnishing with the most ample appliances, the best medical College edifices in the United States. As a monument of persevering industry and ambition, the St. Louis University must certainly excite the admiration of all who visit it. I had the pleasure of meeting the distinguished gentleman and Surgeon of this prosperous Institution, who conducted me through its ample and richly furnished rooms, and made me acquainted with its resources and the aspirations and future hopes of its faculty. In company with Professor Pope, I also visited the City Hospital, conducted by that benevolent and noble order of ladies, the Sisters of Charity. The Institution is quite convenient to the Medical College; and under the direction of Dr. P., who is its Physician and Surgeon, and the kind and systematic attention of the Sisters, it seems to me, makes a near approximation, in every desirable arrangement, to perfection. The class of cases in the wards, presents a happy and interesting contrast to the indiscriminate assemblage of degraded beings found in some of the Metropolitan Hospitals, presently to be noticed. In view of these

facts, there can be but two obstacles in the way of the future success and eminence of St. Louis, as a place of medical learning. The first is the vast extent and all-absorbing interest of her commerce. There is no equal extent of territory on the face of the globe, that presents a more active or busier scene, than her principal thoroughfares; and with those who have liberal views of the capacities of Anglo-American enterprise, the conclusion seems irresistible, that, in commerce and population, she is to be one of the first, if not *the* first city on our continent. This concentration of genius and energy in the pursuits of commerce, is obviously inimical to the progress of the sciences, as the history of the world will show. In the vortex of commercial ambition, and the accumulation of wealth, the interests of science are swallowed up or forgotten, and its votaries are suffered to languish amidst the poverty which is too often, unfortunately, their lot. As an llustration of this view, we may remark, that with a population of more than a hundred thousand souls, and with wealth and treasure scarcely equalled in any city of her size, St. Louis has done nothing to secure the reputation of a patron of the most noble of sciences. How different is the policy of the principal city in Iowa! With a small population, and yet with commercial interests only second to St. Louis in that portion of the West, she has had the foresight and wise resolution to lay a substantial stone in the monument of her future fame, by liberal appropriations to the Medical College located in her midst by the State Government, and destined at no distant day to constitute one of the proudest memorials of her greatness.

The second consideration involving an obstacle to the extensive development of a medical interest at that point, is the sparse population of its field of patronage, and its proximity to old and established institutions. Whatever may be its facilities for affording a thorough medical education, it is not to be supposed that they can infringe much upon the limits of other schools. They must wait until that portion of the great valley in which they are located, becomes densely populated; until its schools and Colleges multiply and send forth young gentlemen prepared to enter the learned professions. The same remarks apply to some other Western Institutions, but with less force to the University of Iowa, than to the Missouri Schools, as our State is more rapidly populating, and the interests of general education are cultivated upon a more liberal scale.

The next place at which I was detained, was Chicago. I saw none of the Professors, but visited the Medical College edifice, which, in all respects, compares unfavorably with the College at Keokuk. As it is my intention, in behalf of our Faculty, to write a brief history of this Institution after my return, I will dismiss its consideration at present.

The next and most tedious delay, was in Detroit, Michigan, where I was detained more than 24 hours. Ann Arbor, the seat of the Medical University of that State, is situated nearly forty miles in the interior, and we unfortunately were denied the opportunity of making any observations, except what was afforded by our rapid transit through the village. After my arrival, however, at Detroit, I received from medical gentleman of that city, the desired information relative to this State School. I understood from them, that provision was made in the laws of Michigan, many years age, for the endowment of a free medical department of the University, but that various circumstances had protracted its establishment until little more than a year ago. Until we visited Michigan, we supposed, that, in view of the absence of fees, a higher standard of preliminary qualifications was demanded from the beneficiaries of this Institution, than usually obtains in Medical Schools in this country; but we were informed by Dr. Gerton, that they exercised but little more discrimination in this respect than the Medical Schools of New York and Philadelphia. The Professors each have an annual salary, and are furnished with residences contiguous to the School, and the term of medical lectures, we were informed, occupies the greater part of the year. From all we can learn repecting this Institution, we can see no objection to the principle upon which it is founded. If sound and devoted gentlemen are found to fill the chairs, and a dignified position in regard to the primary and doctorate qualifications is maintained, it will undoubtedly contribute to the advancement and usefulness of the science. The only evil tendency we would fear, in the operation of this system, would be the inducements it offers to persons in other occupations, who are unfitted by nature or mental discipline for physicians, to enter the profession; yet this may be avoided by rigorous exactions on the part of the Faculty. It is most sincerely to be hoped, that none of the Schools which represent the Western literature and character of our profession, will ever tolerate the abuses which are perpetrated in our Atlantic Schools, in admitting and graduating gentlemen without education and without merit. Having their intrinsic excellence only to oppose to the silly claims of antiquity, and a larger quantity of brick and mortar, urged by Eastern teachers, the Western Schools have thus far maintained a loftier position upon the great and true questions of medical education, than the Schools of the East.

At the beautiful city of Cleveland, where I remained twelve hours, I enjoyed the pleasure of a visit to their Medical College. They have a commodious building, well adapted to the purposes of medical teaching, and supplied with abundant and elegant illustrations. I was much

pleased with Dr. Ackley, the eminent Surgeon of the School, and also with the venerable Professor Delamater, who, for near half a century, has been engaged in medical teaching. The Faculty are full of zeal and hope, and deserve the bright destiny at which they aim.

From this point, my journey was uninterrupted. A rapid transit across Lake Erie, and the State of New York, brought me to this great City of the New World. To attempt anything like a full account of the Medical Schools, or Medical Men, of New York, would require much more space than you can allot to a correspondence; yet there are many circumstances of great interest in a medical point of view, connected with this city. Some of these I will briefly glance at, and give our readers a faint outline of the basis upon which Eastern Medical men rest their claims of superiority in the opportunities and thoroughness of collegiate instruction. My first observations will relate to the medical men of New York, many of whom I saw shortly after my arrival. There are two classes of medical men in this city. First, the old class, who link the past with the present age, and who in public as well as private delight in nothing so much as boasting of their antiquity, and making invidious comparisons between the profession of medicine *now*, and the profession a quarter of a century ago, when its members, knowing nothing of the truly glorious and useful discoveries of modern times, were *learned* and *dignified!* These old gentlemen are rendered exceedingly unhappy and petulant at the labor they are compelled to perform, to keep within hailing distance of the progress of the medical science. If the captious feeling which this circumstance engenders, were confined to themselves, it would do no evil. But not possessing the vigorous and elastic intellectuality of the younger members of the profession, who are immeasurably in advance of them in a knowledge of the science, they labor to compensate for the disparity, by discouraging the achievements of those who are guilty of the monstrous absurdity of being *young*. There are some memorable illustrations of these remarks in the city of New York: but as it is *fashionable* and *ethical* to connive at the crimes and abuses in our profession, we will not particularize those in our knowledge, who are guilty of them; neither will we use the language of adulation and falsehood in exalting men, whose claims to eminence rest upon nothing but a change in the color of the hair. We desire to speak the truth as it is revealed to us, and nothing more or less. In view of the facts above mentioned, it may seem strange to a visitor in New York, that some of these remnants of a past and dark age, exercise so much influence over the destiny of the profession. The reason is obvious. The science of medicine, like other sciences, flourishes

best where two elements are united in its aid. One industrious genius, and this is the more important: the other is pecuniary patronage, and quite necessary. Whilst the young physicians of our country are bending their vigorous and cultivated minds to the development of scientific truth, the more aged, who not only possess wealth themselves, but sustain those relations to wealth, which give them influence and power, use it as their feelings dictate—sometimes for the good of science, but oftener, unfortunately, for the promotion of selfish and mercenary objects. But the march of progress is not superficial or partial: it is profound and thorough, and, in science, is working those changes in favor of *labor*, which the old aristocracy of letters, claimed for wealth, age and position. The spirit which impels a man to look down with contempt upon the younger and less fortunate, as the *inferior* members of a profession, is rapidly giving place to magnanimous and generous views, and the exercise of those liberal virtues which result from the universal diffusion of intelligence amongst men. The solemn nonsense and mock dignity of the old dynasty, is giving way to the frank and charitable urbanity of the representatives of a new order.

In every respect, the young physicians of New York are entitled to our regard and admiration. It is to them that the recent improvement in the medical interest of this city is principally due. It has always appeared strange to me, that with an immense population, and with wealth and prominence in the commerce and affairs of our country, this city has made no greater reputation as a place of medical learning. On the argument (I should rather say sophism) of our Eastern brethren, based on population, it is entitled to rank before Philadelphia in opportunities for medical improvement; yet the latter city, as every one knows, has heretofore had the best medical reputation in America. But through the instrumentality of the younger physicians of this place, a slow, almost imperceptible, yet certain change is going on. Being possessed of equal learning, equal zeal and industry, and with more enlarged and liberal feelings towards the rest of the world, they will ultimately triumph in the contest for superiority. Such men as Van Buren, Metcalfe, Stone, Wood, Purple, Isaacs, Carnehan, Green, Davis and others, men of true science and warm spirits, are now coming upon the stage, and replacing, with all the incidents of modern science, as before remarked, the exclusiveness of the old schoolmen. We wish them success in their noble aims.

It was my intention to have embraced in this letter some remarks upon the comparative advantages of New York and Philadelphia, as places of resort for medical students; but I fear my space is already oc-

cupied. Much, in relation to this question, will be shown in the Hospital statistics to be given in a subsequent letter; also an account of the schools, now in successful operation in New York, will throw some light upon the subject. But there is an important advantage possessed by the Philadelphians, of which the physicians of this city are sensible, but which their devotion to the true interests of medical literature, restrains them from an attempt to counteract. We refer to the mania for bookmaking, on the part of their neighbors, which has given even Dunglison a better reputation, with the credulous and unthinking, than any physician in New York enjoys. This kind of light, borrowed from Europe, is not an object of ambition with the men of progress here. They desire to give out a light of their own, and their hopes rest upon the increasing intelligence of the profession and the people. Truly and faithfully yours.

J. F. S.

DR. DAVIS' INTRODUCTORY LECTURE.

This lecture is, in the main, a repetition of the arguments heretofore advanced by its author, in favor of free medical teaching; but, as heretofore, leaves the question which we have raised, as to the true *motives* of the Rush College, and the action based on those motives, entirely out of the discussion. Against the *principle* of free teaching, when it could be established upon an honorable and appropriate basis, we have nothing to say: indeed, we believe that many of the benefits set forth by Dr. D. would result from it. But we still assert, that there are circumstances connected with the adoption of the policy by the Rush College of Chicago, which, if fully known and appreciated by the profession, would sink that Institution to a position where the hand of resurrection never would reach it. This consideration has stimulated most of what we have said upon the subject of free teaching in connection with the Rush College. When we shall feel it our duty to speak upon this subject aside from the sophistry and false issues of Dr. Davis, we shall not hesitate to declare our views in favor of the *principle* of free medical teaching—views we entertained long before the Rush Medical College was established.

We must candidly say to Dr. Davis, that a portion of his address looks to us very much like demagoguism. He enters into a long argument to prove that Hospitals are a valuable means of Medical teaching! Who denies it? The University of Michigan says that "clinical instruction is far better imparted in the walks of private practice, especially in the section where the student intends hereafter to locate

himself, than can be done in the best regulated hospital;"—and the Dr.'s argument is evidently intended as a reply to this declaration of the Michigan rival. Yet the labor is quite lost, as every medical student is aware of the great advantages of Hospital practice. But if this were not the case, the argument would have come with better grace from another quarter. To be eloquent upon the advantages of a hospital in a city, where an old hotel with a few inmates is the only illustration of its benefits, seems like an inconsistency. The city of Keokuk erected a hospital building in immediate connection with the Medical College, capable of accommodating an hundred patients; the wards of which communicate directly with the lecture rooms, so that all interesting cases can be presented to the class from day to day without removal from the bed; thus securing a system of clinical instruction to the College of Physicians and Surgeons, incomparably superior to all others. Yet we do not wish to boast of these advantages, great as they are, to disparage others who are not so fortunate. We witness with pleasure the success of all who are honestly and honorably engaged in the cause of medical science; and especially to our Michigan friends, who seem to be orthodox and consistent in all things—free teaching not excepted—can we say, *God speed.*

Chloride of Sodium in Intermittent and other Fevers.

In what has been technically called *Zymotic* diseases, or diseases of the blood, the *antiseptic* treatment is receiving extensive trial.

Many years since Doct. Stevens proposed the *saline* treatment in almost all forms of fever in which there was a defibrinated condition of the blood, from the supposed effects of chlorine in giving to the red corpuscles of the blood an aptitude for oxygen. Since his day, the saline treatment has been extensively tested, both in Europe and this country, in the treatment of all low forms of fever, and it has been thought with benefit. Dr. Cowan gives his experience, founded on notes of 120 cases of continued fever, in which he thinks very marked benefit followed the saline treatment. His mode of using, was as follows:

℞.	Chloride of Soda,	ʒ iij.
	Carb. of Soda,	ʒ ij.
	Hydro-Chloric acid,	ʒ ss.
	Camphor Mixture,	℥ vi.

Mix; half an ounce every hour.

Dr. Lynch also reports some very interesting results on the use of

salines. He says he has practiced in the worst districts in London, and that his success with the chloride of sodium has exceeded his most sangune expectatations. He gave three drachms dissolved in a pint of water during the twenty-four hours; to which he frequently added the chlorate of potass.

Professor Piorry has recently reported favorably to the Academy of Medicine in Paris, as to the use of chloride of sodium in *Intermittent* fevers. *He* administers it in large doses, and asserts that it "will not only arrest the disease, but also exert upon the spleen as marked effect as quinine." Whether this be true to the extent stated in the report or not, still it is a remedy well worthy of trial, and is entitled to consideration from the respectable evidence in its favor.

PURE DRUGS.—MESSRS. SCHEFFELIN & Co., NEW YORK.

We desire to attract the attention of the profession of the North West, to the advertisement of Messrs. Philip Scheffelin & Co., Druggists and Chemists of New York city. During our recent visit to the East, we took occasion to visit the establishment above mentioned, and were so fully satisfied of the superiority and purity of their medicines and preparations, and of the beautiful manner of putting them up, that we purchased from them a complete suit of specimens, done up in a new and handsome style, for the department of Materia Medica of our College.

The first suit of this kind, which exceeds, in extent and convenience, any thing of the kind heretofore existing in the United States, was done up on order for the Nashville Medical College: it was our good fortune to secure the second; and we are proud of it, for two reasons: first, it will add a beautiful ornament to our Museum and collection; and, second, it will afford our lecturer on Materia Medica an opportunity to exhibit to our class and medical men, examples of pure standard articles in the Materia Medica,—an opportunity which, every one will acknowledge, is rarely enjoyed in these ends of the earth.

Through the kindness of the above house, we were also enabled to obtain specimens of articles, as usually adulterated for the Western market, which, by contrast with the pure, will leave an impression on the mind of the student, which will effectually arm him against deception. Every practitioner, who has any experience in the treatment of disease, will appreciate the importance of purity in the therapeutic means to be employed; and no one can deny, that the best directed

efforts, and the greatest skill, are unavailing when *cheap* and adulterated drugs—which, if not absolutely pernicious, are at least inert—are directed against the ravages of formidable disease.

We hope the practitioners of our country will unite in the reform now going on in regard to the adulteration of medicines, and until the moral spirit of that reform, together with such necessary legal enactments as it may secure, shall embrace our entire country, we are happy to say, that with but little trouble, and at as reasonable expense as possible, orders for any part of the Union will be faithfully filled by Messrs. Scheffelin & Co.

State Medical Conventions, Medical Colleges and eminent medical men have sanctioned the honor of their trade.

PROCEEDINGS OF THE MEDICAL SOCIETY OF KEOKUK.

TARIFF OF FEES.

At a special meeting of the Medical Society of the city of Keokuk, the committee on Fee Bill reported the following, which was unanimously adopted :

Medical.

1.	For each visit in the city during the day,	$1
2.	Ordinary services per day,	2 to 3
3.	When detained, for each hour after the first,	½
4.	" " " the fifth,	1
5.	For single visits and advice in a case in which no further visits are required,	2 to 10
6.	Each day visit at an hour appointed by patient or his friends,	2 to 5
7.	Prescription or advice anywhere,	1
8.	Visit in the city between 10 o'clock P. M. and sunrise,	2
9.	Visit without the corporation, not more than half a mile	2
10.	Visit beyond that distance, for every mile thereafter to ten miles,	½
11.	Ordinary consultations,	5
12.	Consultations during prescribed hours of night, visits included,	7
13.	For written advice or opinion,	1
14.	For stethoscopic examination,	2 to 10
15.	Opinion involving a question of law,	5 to 20
16.	Post mortem examination in cases of legal investigation,	10 to 30

Obstetrical.

17.	Attendance on simple natural cases of labor,	10
18.	For each visit thereafter,	1
19.	Attendance on complicated, protracted or instrumental labors,	20 to 50
20.	Attendance on cases of abortion, exclusive of visits and other services,	10
21.	Delivery of placenta,	5 to 20

Surgical.

22.	For bleeding, exclusive of visit or advice,	1
23.	For bleeding in jugular vein or arteriotomy,	2 to 5
24.	Cupping,	1 to 5
25.	Introduction of seton or forming issue,	2 to 5
26.	For pumping stomach,	5 to 20
27.	Dressing recent wounds,	2
28.	Each subsequent dressing,	1
29.	Opening abscess or exploring tumor,	1 to 5
30.	Vaccination of one person,	1
31.	Each one thereafter in same family at same time,	½
32.	Poor vaccinated gratis.	
33.	Extracting teeth, each,	½
34.	Plugging posterior nares,	5
35.	Application of truss,	5 to 10
36.	Reduction of prolapsus ani,	5 to 20
37.	Examination per vaginam or per anum,	5 to 10
38.	Introduction of pessary,	2 to 5
39.	Introduction of speculum vaginæ, first time, $5, each subsequent time,	2 to 5
40.	Introduction of bougie to explore urethra,	5 to 20
41.	Cauterization of urethra,	10 to 20
42.	Operation of sounding the bladder,	5 to 20
43.	Introduction of catheter into bladder first time,	2 to 5
44.	" " each subsequent time,	1
45.	Treating stricture of the urethra,	10 to 50
46.	Treating syphilis,	20 to 100
47.	Treating gonorrhœa,	10 to 30
48.	Operation for phymosis or paraphymosis,	5 to 20
49.	Palliative operation for hydrocele,	5 to 10
50.	Radical cuse of, "	20 to 50
51.	Operation for hypospadias or irregular openidg of the urethra,	15 to 50
52.	Operation for fistula in ano, or perineo,	20 to 100

53.	Operation for hemorrhoids,	20 to 50
54.	Operation for imperforate anus or vagina,	10 to 50
55.	Reduction of hernia by taxis,	5 to 30
56.	Operation for strangulated hernia,	30 to 100
57.	Operation for recto-vaginal, or vesico-vaginal fistula,	30 to 100
58.	Stone in the bladder,	50 to 200
59.	Extraction of calculus from urethra,	10 to 20
60.	Puncture of bladder,	20 to 50
61.	Paracentesis abdominis $10, each subsequent time,	5
62.	Paracentesis thoracis,	20 to 50
63.	Cæsarian section,	100 to 200
64.	Extirpation of uvula,	5 to 15
65.	" of tonsils,	10 to 30
66.	" of mamma,	20 to 50
67.	" of diseased ovary,	50 to 150
68.	" of testicle,	30 to 50
69.	" of tumors,	3 to 100
70.	" of polypus uteri,	20 to 75
71.	" of " nasi,	10 to 50
72.	" of eye,	20 to 50
73.	Operation for cataract,	20 to 100
74	" for artificial pupil,	20 to 100
75.	Other operations on the eye and its appendages,	5 to 50
76.	Amputatian of superior or inferior extremities,	10 to 75
77.	" of the finger, thumb or toe, &c.	5 to 30
78.	" of penis,	10 to 50
79.	Evulsion of nail on finger or toe,	5 to 20
80.	Application ef trephine,	20 to 50
81.	Exsection of diseased bone,	20 to 50
82.	Removal of upper or lower jaw, or portions,	15 to 150
83.	Exsection of diseased joints,	10 to 50
84.	Operation for artificial joints,	20 to 100
85.	Reduction of luxations of greater joints,	10 to 50
86.	" " of lesser joints,	5 to 20
87.	" fracture and first dressing,	5 to 30
88.	Subsequent dressing,	2 to 10
89.	Treating fractures of cranium, with or without trepanning,	10 to 59
90.	Operation for aneurism,	10 to 50
91.	" for harelip,	20 to 100
92.	" for ranula,	10 to 30

93.	Division of frænum of tongue or penis, - -	2 to 5
94.	Operation of club foot, - - -	10 to 50
95.	Operation of myotomy or tenotomy, - -	10 to 50
96.	Plastic operations, - - - -	10 to 50
97.	Extracting foreign bodies from pharynx or œsophagus	5 to 20
98.	Laryngotomy or trachecotomy, - -	10 to 50

We will not attend either individuals or a collection of persons by the year, at any stipulated price or under any circumstances.

In case any one should transgress these rules, he shall be considered beyond the pale of the profession, and all consultations withheld. We will refuse to hold medical communion with those who may themselves consult with such persons knowingly.

Keokuk, October, 1851.

HEALTH OF THE SEASON.

The health of the past season has been generally good in the West. Doctors' purses have been growing lean, while Hygeia, the goddess of Health, appears to have been liberally dispensing her blessings. In some portions of the West, it is true, cholera, that dread scourge of the human family, made its appearance; and in others, dysenteric affections have prevailed, and proved difficult to manage, if not taken seasonably. But fever and ague, two of the most prominent features of malarious influence, has, for some cause, been scarcely heard of the past season. The fact is, that our malarious fevers appear to be every year diminishing in the West, and others of a continued character taking their place.

OUR JOURNAL.

By sending to our city, our subscribers can get back numbers of the Journal bound. It is a convenient size, and, at the end of the year, makes a neat volume. Each volume will contain a complete index, thus ennabling the reader to refer at once to whatever may have appeared during the year.

THE

WESTERN

MEDICO-CHIRURGICAL JOURNAL.

VOL. II. KEOKUK, IOWA, JULY, 1852. NO. 4.

ART. I. — CASE OF TRAUMATIC TETANUS. *Reported by Dr. H. A. Swasey, of Mississippi.*

Ellen, slave, aet. 50, of regular habits and good constitution, was taken, late in the afternoon of Dec. 10th, with chill, followed by high febrile reaction, which lasted till near midnight, when a profuse diaphoresis put an end to the paroxysm.

I saw her about noon of the following day. Save a slight coating of the tongue, I could discover no symptoms of remaining disease, and hence was led to conclude that the chill and consequent fever had been, as is very common in this climate, merely the result of exposure to an exceedingly cold and damp atmosphere on the preceding day. Active medication was therefore withheld until the disease should still further develope itself,—the only prescription being some indoor employment for a few days, and the Pil. Hyd., in a ten grain dose, at bed time. This latter, with a view to the prompt exhibition of Quinine, should the chill return on the following day.

A press of professional and other business so engrossed my attention that I thought no more of the case until 9 P. M. of the 22d, when I was again requested to see her. I did so, and the following are the symptoms which presented themselves. Pain in the lumbar region, extending to the left, forward and downward, into the left iliac fossa (internus.)—Hypogastrium much distended, very painful under pressure, and anormally resonant. Skin hot and husky. Pulse somewhat lessened in volume, quick, and 90. Tongue covered with a moist yellowish fur in middle—the edges remaining normal in appearance. No operation of the bowels. Urine usual in quantity, and high colored. Extremities

uncomfortably cold. Patient rested very well during the afternoon of yesterday, and till 4 P. M. to-day, since which time, the violence of the symptoms has been steadily increasing.

For the three following days, the condition of the patient was not materially different from that described above. Distention and tenderness of the hypogastrium, together with pain in the back and left iliac fossa, were constant symptoms;—being sometimes partially relieved by opiates, anodyne cataplasms, and stimulating pediluvia; at other times, not sensibly affected by these remedies. The bowels were opened on the 23d by Calomel and Rhubarb, and again on the 24th by Castor Oil and Turpentine. In the first instance, the dejection was small, dark, and fetid; in the latter, more copious, but containing a considerable proportion of bloody mucus. Some six or eight large lumbruci were also found in the stool. On the 24th, patient complained of a slight pain in the left shoulder, referred chiefly to the superior part of the acromion process; and this morning (the 25th) I noticed, for the first time, some little difficulty of deglutition."

About 2 P. M. of the 25th, the muscles of the back and neck became affected with slight intermitting spasms, increasing in frequency and violence, until complete trismus and opisthotonos supervened. The spasms at length became almost unintermitting,—the least noise, light, or wave of air, being sufficient to induce them. Extremities cold—pulse considerably accelerated, but otherwise unchanged; constant and severe pain in the left hip, and great oppression, *but no pain*, at the epigastrium.

The various preparations of opium having been freely administered during the afternoon of the 25th, with no appreciable benefit, Chloroform by inhalation, to the amount of half an ounce, was given with the happiest result. Sleep was not induced, but the spasms almost wholly disappeared under its influence.

Not wishing to abuse the use of this most valuable article of our Materia Medica,—esteeming it a kind of *dernier resort*,—I suspended its application until the urgency of the symptoms should again demand it, and gave in the meantime, Calomel 20 grs., and Sul. Morphia 2 grs. The patient also had an injection of Castor Oil, Turpentine and Warm Water, and a blister, extending from the nucha to the sacrum, applied to the spine. The lower extremities were, at the same time, bathed in stimulating embrocation, and afterwards wrapped in warm blankets.

It was at this period of the disease, that I first noticed anything like inflammation or soreness in the end and nail of the left great toe, which had been slightly bruised some six or seven days before, viz: on the 14th.

For the next two days—up to noon of the 27th—there was no permanent amelioration of the symptoms. A mixture of Chloroform and Sul. Ether, in equal parts, was frequently administered, but unless the system was kept constantly under its influence, the spasms returned in all their violence. Opium and Morphine were also repeatedly resorted to, but at length laid aside as wholly inefficient. Almost in despair, I turned to Aconite, as affording the last hope of saving the patient. In this hope, faint as it was, I was not disappointed. The Alcoholic Ext. was given, in 2 gr. doses every three hours, until a decided sedative impression was made upon the nervous system, and from this time forward I found no difficulty in controling, by means of Aconite, Chloroform and Ether, and purgatives of Calomel and Castor Oil, the course of this terrible disease. The convalesence of the patient was steady but slow, owing to the extreme physical prostration induced by the severity and protraction of the disease. Diet, throughout the attack, consisted chiefly of flour or very thin corn-meal gruel.

I refrain from all comment on the peculiar features of the case—the disguised and insidious form of attacks—the impotency of every preparation of Opium in arresting the disease—or the gratifying success attending the latter plan of treatment. Let facts, few and illy recorded as they are, speak for themselves. Should this report of a case of Traumatic Tetanus—a disease, at once more baffling to the physician and agonizing to the patient, than almost any other in the catalogue of human maladies—be suggestive of a more rational and successful mode of treatment, my object will be fully attained.

In conclusion, I would remark that I am confident there are many better *nervous* sedatives—such as are peremptorily demanded in this class of diseases—than Opium, or any of its numerous preparations. And further, that with the "lights now before me," I should wish to modify the latter plan of treatment adopted only by the application of a Belladonna Plaster to the denuded surface of the spine.

The patient regained her usual health and strength by the middle of January, and has ever since been well.

Yazoo County, Miss., Nov. 1st, 1851.

ART. II.—*Report of Cases treated in the University Hospital, Keokuk.* By J. F. Sanford, M. D.

Case I. *Local Palsy.* Moses Coulter, aged 55 years, of naturally strong and robust constitution, but addicted to intemperance and irreg-

ular living, was admitted into the Hospital, Dec. 10th, 1851, with a paralytic affection of the right arm. The previous history of the case could not be clearly ascertained, but was something as follows: about a week before admission, the patient having been exposed during a paroxysm of intemperance to the cold night air, was seized on the following day rather suddenly, with severe pain in the head, principally in the occipital region. During the same, and on the subsequent day, there was more or less fever, with nausea and thirst. The bowels were constipated, and there was marked rigidity of the entire voluntary muscular system. On the third or fourth day, the patient, without knowing exactly when it occurred, found that he had lost all power of motion in the right arm.

Under the influence of medicine, the fever, muscular rigidity, and general uneasiness had subsided, and when the patient was admitted he only complained of the deep seated pain, and heat in the occipital region and the palsy of the arm. The bowels remained costive, however, and the appetite impaired. Upon a careful examination it was found that the loss of motion in the arm was not total, the patient being able to draw it slightly backwards. There was no power to draw it in any other direction and the arm hung powerless by his side, very much swollen and somewhat livid from the constancy with which this position was maintained. The sensibility did not seem to be impaired. There was no loss of power in the inferior extremites, but the sensation of the lower limbs seemed to be perverted. The patient frequently complained of numbness and tingling in the feet and occasionally of *formication* upon the legs and thighs. The sleep was disturbed, the pain of the head always worse in the morning, with a sense of lassitude and stupor which would gradually pass off by 10 or 11 o'clock, A. M.

10th. The patient was ordered 5grs. Blue Mass, followed in the morning by a dose of Castor Oil and Turpentine for three successive days. By this means moderate purgation was kept up. Stimulating pediluvia, were ordered each night and a light diet enjoined.

13th, Patient feels more comfortable: rests better at night, but still suffers pain in occipital region with slight fever in the forenoon. He was cupped quite freely on the nape of the neck and the course continued as above.

15th, No change in the paralytic condition of the arm. The numbness and formication of the inferior extremities has disappeared. The patient complains of debility. The purgation has been quite free.—Rests well at night, and has but little pain in the head. Pulse tranquil and soft, 76 beats in the minute. Prescription. Cups to the neck,

stimulating friction to the arm, and emulsien of turpentine every six hours.

18th, The sense of fullness and heat in the head, which the patient has had since the first attack, almost gone. The pulse is regular, the appetite slightly better; sits up in bed or on a chair most of the day, yet the arm and hand become œdematous when suffered to hang by the side, this position is avoided as much as possible. The bowels are torpid only moveing when medicine is taken. The febrile excitement and heat in the head having subsided, he was directed to use the following prescription.

Strychnine, grs. iij.
Acid Sulphuric, gtt, iv.
Distilled Water, ℥j.

M. Ten drops of it to be taken every 4 hours.

A more nourishing diet was allowed, and the bowels ordered to be kept open by the occasional use of Oil and Turpentine.

26th. Two days ago the patient suffered much from pain in the head. Cups were ordered to the neck, and the Strychnine discontinued: a brisk Cathartic was also given and a blister applied to the nape of the neck. Under this treatment the pain again subsided, and to day the Strychnine was resumed as before. The appetite is improving, and the general health much better.

30th. To-day for the first time Mr. C. found himself able to move the index finger of the palsied hand; the Strychnine having been increased to fifteen drops every four hours, had produced slight twitching of the affected arm. The movements of the lower extremities were also, somewhat irregular. The Strychnine continued, bowels moved with the oil and turpentine, and the discharge from the blistered surface maintained by the application of Savin ointment.

From this time no change was made in the treatment, until the patient left the hospital. The condition of the arm on the 30th was the same as when the patient was admitted, except the slight movement of the index finger as above remarked. The symptoms of cerebral disease yielded promptly to the treatment first instituted, but no relief to the palsy resulted. No improvement in this respect was observed, until the effect of the strychnine had been maintained for ten days. Returning power first manifested itself in the index finger; from this the power of motion extended to the other fingers and thumb, and gradually up the arm. The use of the arm seemed to be entirely restored on the first of February, when the patient was discharged. Until the present time, June 1st, there has been no return of the disease. The

patient is now engaged industriously in the carpenter shop, having been more temperate in his habits since his recovery.

Local palsy is induced by disease of some limited portion of the Cerebro-spinal centres. In this case, the morbid action was probably in the upper part of the spinal marrow on the same side with the paralysis. Such cases are rare. It is seldom that disease is exactly limited to a lateral half of the Cord, and when it does occur, it is generally a precursor of Hemiplegia or general palsy. This would probably have been the case in the present instance if timely treatment had not arrested the morbid tendencies in the spine and brain. This case also,illustrates the value of strychnine as an anti-paralytic remedy. The relief of the active pathological condition and the amendment of the general health, was followed by no amendment in the palsied arm This needed a special stimulus, and this stimulus the strychnine afforded. The preliminary use of antiphlogistics, was necessary to its efficacy. Without relief of the pain and heat in the head and general turgid condition of the upper portion of the vascular system it would probably have failed to do good, and possibly might have hastened the tendency to more extended paralysis.

Case II. *Dropsy.* Johnson, Aged 52, habits intemperate, admitted Dec. 12th 1851, symptoms of general dropsy. From the patients history of his own case it appears, that sometime before the dropsical symptoms manifested themselves, he had suffered from pain in the chest—principally in the right side, cough and irregular chills. Occasionally the bowels would move off a little too freely. These symptoms, together with the general debility of the system, which they seemed to occasion, gradually increased until the first of December, when the abdomen began to enlarge and the feet to swell. This alarmed him and he came to the Hospital for treatment.

The patient was very much reduced in strength, the pulse was small and quick, the tongue thickly furred, the skin dry and harsh, urine scanty and pale, respiration difficult, especially in a horizontal position. There was pain, almost constant, in the back, and some tenderness over the region of the loins. The abdomen was greatly enlarged, as also the feet and legs. The appetite was poor, and the bowels closed at the time of admission. We could find no distinct evidence of previous hepatic disease. There was no unusual tenderness of the abdomen, and no signs of organic disease of the heart. Upon examination, the urine was found highly charged with albumen, of low specific gravity, and of a pale, opaline color.

Treatment. Dry cups to the loins, followed by mustard applications, and the following prescription internally:

Cr. Tartar, ʒi.

Elaterium, grs. ij.

Mix—divide into four powders—one every other morning. A pill of extract f Taraxacum and blue mass, to be given every four hours during the day.

16th. 12 M. Medicine excited copious liquid stools, without increasing the debility. The difficulty of breathing is considerably relieved; the pain in the limbs is not so great, but the swelling is not diminished, nor the urine increased in quantity, nor changed in character. Cupping of the loins, and same prescription with the addition of six grains of Dovers powder at bed-time, to relieve uneasiness of the bowels occasioned by the medicine.

18th. Patient complains of weakness. Medicine has operated but twice since last visit. Skin a little moist; slight nausea; pulse frequent and small; tongue covered with white fur; respiration difficult. No diminution of swelling of the abdomen or limbs. Urine remains scanty and albuminous.

Prescription: Ammonio-citrate of Iron, in draught of comp. spirits of Juniper, and spirits Nitre dulcis, every four hours. Blister over kidneys.

19th. Blister drew well. Bowels operated once since last visit.—Patient says he feels better; no pain in the back, but debility evidently increasing. No change in character of urine. Noticed upon the right leg a diffuse erysipelatous blush, to which a lead poultice was applied.

21st. Patient seems to be sinking. Swelling not diminished. No change in urine. Bowels moved twice since last visit. Pulse frequent and small. Line of demarcation around gangrenous slough on forepart of leg, as large as the hand. Same prescription, with the addition of twenty drops Tinct. Cantharides. A little wine internally, and cloths wet in sol. of Chloride of Soda to leg.

23rd. Patient same in all respects, except the debility, which is rapidly increasing. The slough upon the leg is separated, disclosing a large, unhealthy-looking sore, which has discharged a large quantity of water, and relieved the œdema of the leg.

The patient continued to sink, and died on the 26th, no change in the symptoms having occurred. The treatment above detailed was continued, with the addition of some more active stimulants, on the 25th.

POST MORTEM EIGHTEEN HOURS AFTER DEATH.

Adhesions and thickening of pleura on the right side. Lungs sound. Liver enlarged, and of a light mottled appearance. No appearance of organic lesions perceptible to the eye. Stomach healthy, also the bowels. Peritoneum thickly studded with granular tubercles, giving a rough sensation to the touch: upon close inspection the small white points thickly crowded together could be seen. This membrane was also considerably thickened. The Kidneys were enlarged, of a light color, and softened in texture; presenting a nodulated appearance before being cut. On the surface of the right kidney were two serous Cysts, of the size of an almond and hazel nut respectively.

Of the history of this patient we could learn but little before his admission into the Hospital. The Kidneys had evidently been the seat of morbid action long before the attack which brought him to the Hospital. The immediate induction of the hydropic symptoms, was doubtless due to the action of cold,—exposure to which, was probably incurred during a fit of intoxication. The manner in which this operates, by checking the perspiratory functions, and throwing the blood upon the internal organs, is well understood. In cases like the present the vital properties of the kidneys having been exhausted by the excessive stimulation, they cannot perform their vicarious function. The vessels become distended with blood, and exude serum, instead of separating the proper constituents of the urine. The same cause of impaired vitality, constitute a predisposing cause of disease of the renal glands, and prevent an adequate response to those remedial measures which, under other circumstances would effect a cure.

Case III. *Epilepsy.* Darius Taylor, aged 23, occupation, sailor, but for two years been working on a farm. Two years ago, while in the enjoyment of good health, he was suddenly seized with a fit, fell senseless to the ground, became convulsed and went through the various phenomena of an epileptic paroxysm. In two hours from the first premonition of seizure, he was in all respects as well as usual, and went about his daily labor. On the day previous to the first attack, he had worked harder than common, sweat very profusely, and remained in his shirt sleeves exposed to a cool current of wind in the evening, which oecasioned a sudden cessation of the perspiration and gave rise through the latter part of the night, to slight stiffness in the limbs and general uneasiness. This inconvenience, however, was entirely gone in the morning, when he ate a hearty breakfast and repaired to work. The paroxysm above described, occurred at 10 o'clock, A. M. of that day.

Two months from this date, there was another fit, as sudden and severe as the first, and a similar perfect and immediate restoration. The fits continued to recur, without any marked change of character; becoming a little more frequent as time advanced, until December 6th 1851, when under the influence of one, more protracted than usual, he was brought to the University Hospital. During the three months the fits occurred as often as once a week, sometimes twice a week; but there was not during the intervals, any impression of their effects upon the system, the patient's general health being to all appearance very good and the mind clear and steady. On one occasion during a paroxysm he had fallen into the fire and burned his face severely, and this burn in healing, had caused a disagreeable deformity of the mouth. For surgical treatment in this respect, he was allowed to remain in the Hospital, more than with any intention to treat the Epilepsy; but yielding to the patients earnest importunites we consented to attempt the latter.

Upon close examination the bowels were found to be regular, the appetite good, the brain and spinal cord, as far as symptoms enabled us to judge, in a healthy condition, the head well formed, the vital functions vigorously exercised, the habits regular. No hereditary predisposition existed and there was no strumous or cachectic taint.

As the patient's bowels were regular, and the general health good, after the attack which brought him to the hospital had passed away, he was ordered at once upon the following prescription,

℞ Citrate of Quinine and Iron, ʒj.
Extract Conii, ℈j.
Massa Hydrarg., ℈iss.

Mix. Ft Pil. No. 45. One three times daily.

We shall not note this case from day to day, or from week to week, as it presents nothing interresting in detail, but speak at once of the result. The patient remained in the hospital three months. He performed the duties of an assistant in the domestic department, so that his habits were not greatly changed. The Epileptic paroxysms became less frequent from the time the treatment commenced. He had been free from an attack much longer than usual, when he was brought into the ampitheatre for an operation to relieve the deformity of the lip, above referred to. During the operation, a light transient fit came on, which suspended it for a few minuets, but it passed away, the incisions were continued and the patient placed in bed. About a week subsequent to this time, the patient had an attack of pneumonia, which was treated in the usual way, the former treatment being suspended.

After his recovery from the pneumonia, the pills were resumed with such adjuvants as were deemed proper—cold to the head frequently, keeping the feet warm &c. From this time the paroxysms were suspended. In March the patient had so much confidence in his cure, that he desired to leave the hospital, which was permitted, with the injunction that he would continue for sometime the use of the pills.

June 1st. The patient has had no return of the disease since he left the house, and is now enjoying excellent health.

Remarks. We do not assert that the use of quinine and iron, suspended the epileptic paroxysms in this case, though that would be a fair deduction. We had here a case of centric epilepsy, the exciting cause of which, was, undoubtedly sudden suppression of the perspiration. This did not seem to lead toward any organic lesion of the nervous centre, but only to pervert its function temporarily, as we frequently see it perverted from numerous causes. What mysterious morbid principle caused these fits to recur from time to time? Would not cerebral or spinal lesions have been indicated by some further derangement of the general health? Perodicity as an element of disease is but little understood, but to the operation of this principle, whatever it may be, which perpetuates a recurrence of varying morbid phenomena, without any permanent morbid impress upon the physical organism, we are disposed to attribute the epileptic manifestations in this case: and to an efficient antagonism of this element by the Quinine and Iron, the suspension of the paroxysms is probably due.

ART. III.—*Treatment of Diarrhœa by Tartaric Acid.* By R. C. Warriner, Alexandria, Mo.

I have with no ordinary interest, just perused an extract, published in your journal, upon the use of Sulphuric Acid in Cholera and Diarrhœa, by S. Buxton.

My object in presenting this communication is, that I may relate some of my own experience in the treatment of these forms of disease. It is a consideration from which I derive no little satisfaction that the result of that experience is corroborative of the correctness of the treatment presented by Dr. B.

I have never been able to test it in genuine cholera, but in cholerine, and those forms of diarrhœa which prevail in cholera seasons, I have had frequent opportunities to test, to my own satisfaction, the importance of *acidulous* draughts, as furnishing an auxiliary of no mean power.

To illustrate more fully the nature of the circumstances under which, for the first time, I was induced to try this treatment, I will present from my case-book the following case:

Mary, babe of Mr. H., was attacked Sept. 19, 1851, with severe vomiting, the discharges watery, and of an ash color, alkaline in their odor and chemical reaction. The vomiting occurred at intervals of from ten to fifteen minutes. There was intense desire for water. The child, possessing a high endowment of the nervous and vascular system, impressed all those symptoms with their most acute type. The case seemed to present a confused blending of common malarious intermittent with choleric symptoms.

My first prescription was one which I had used with great success in similar cases; and in full confidence of success, I proceeded at once to give it:

℞ Quinæ sul., grs. i
Morphia, " ss
Ipecac pulv. " i.

M. divide into 4 powders, one to be given with a little water after each spell of vomiting.

I repeated it again and again, with no happy results. I tried many other prescriptions, with the same result. Finally, in order to appease the desires of my patient, more than with any hope of benefit, I prescribed tart. acid with morphia, with the happiest effect. The first dose was thrown up in a few minutes after swallowing. I repeated the dose immediately. The patient sank into a quiet slumber, which lasted about three hours; at the end of which time she was free from vomiting and diarrhœa. Quinine was then prescribed, and she recovered perfectly.

The next case was that of a young man, with strong choleric symptons. I again used the ordinary treatment, with no success. I then tried the tart. acid and morphia, with immediate relief, since which I have, with similar success, used it in some fifteen or twenty cases. This seems to me a rational treatment, based upon chemical laws.

ART. IV.—*Another Case, as proof of empiricism having been practiced upon the people by a class of men calling themselves Botanics.* By N. B. Butler, M. D., La Harpe, Hancock county, Illinois.

I was called, in company with Dr. Choate, to see Mr. ———, who had suffered a dislocation of the humerus at the shoulder joint some

three weeks before- At the time of the accident, two of the "botanics" were called in, one of whom made large pretentions to surgery, having been engaged in that capacity, he said, during our war with Mexico. They used powerful efforts, by pulling forcibly at the limb, and continued it so long that the patient sank down exhausted under sufferings the most acute and beyond description. Finally, one of them admitted that he *was not a surgeon,* and the other, after further trials, came to the sage conclusion that, as "Lobelia" had failed, the dislocation could not be reduced, thus leaving the suffering man a cripple for life.

After a time some kind friend whispered softly in his ear that these men who were first called were any thing but surgeons, and urged the hope that something might yet be done for him, and the dislocation reduced.

It was one where the head of the bone occupies the axillary region. The patient was put under the influence of chloroform, and the ordinary procedure in such cases successfully reduced it with but little suffering-

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ART. V.—*Medical and Surgical Periscope.* By the EDITOR.

Since the issue of the last number—several months since—the Medical Journals of this country, kindly kept upon our table by the editors and publishers, have been replete with interesting scientific intelligence, upon the various departments of the Medical and Surgical Sciences. Much of this matter we would be pleased to present to our readers in full detail, but the scope of our journal is not sufficiently extensive to embrace so vast an array of facts and observations in a single number; and, to go back and bring up the rear in full, whilst the passing period is so pregnant with interest, would be contrary to the design of our publication, which is to catch the science, "living as it rises," from the laboratory and the cloister, and present it to the profession in this portion of the country.

We shall, therefore, present a brief *summary,* embracing such facts and observations as seem to us new and important, without any reference to chronological order or relational classification.

Anæsthesia.—This importent subject, the application of which to surgical purposes, constitutes so brilliant an epoch in Medical Science, continues to receive the earnest attention of medical men throughout the world. The enthusiasm which followed its first announcement, and the celerity with which it was every where subjected to the tests of

experience, received, as our readers are aware, a check immediately after the first reports of fatal results from the use of chloroform were published. It was thought these results were attributable to the imperfect development of the principles of Anæsthesia, and great hopes were entertained, that when experience pointed out more appropriate occasions and methods of exhibiting these pain-destroying agents, their use could be resumed with safety and confidence. But the occurence of death after death, from the use of chloroform, where every precaution which science could accumulate was brought into exercise, has maintained the melancholy impression upon the minds of medical men, and, at this day, Anæsthesia, as a universal resort, in the minds of many eminent men, is a matter of doubtful perpetuity. The array of fatal cases which have now found a place in the surgical records of the day, is well calculated to inspire caution in the minds of the most enthusiastic advocates of these agents, and the obscurity in which the rationale of their operation is involved, adds not a little to this perplexity. Already more than thirty deaths, resulting from the use of chloroform, exclusive of several deaths resulting from its needless and careless use, stand upon the record, and the disputes relative to their physiological and toxicological effects—the best modes of exhibition—the antidotal resources, &c., indicate any thing but a settled state of the professional mind in regard to them. We have made these remarks that they may stand, for the present, as a protest against an indiscriminate resort to Anæsthesia, which is encouraged by many practitioners, and to show the importance of using them in the light of progressing investigation. We are an advocate for their judicious exhibition in severe and painful surgical operations, and as a therapeutical resource in many painful maladies. An early and constant experience in their use, has filled us with admiration at the magnitude of the discovery, and we shall illustrate this feeling by presenting, as further experience shall develop it, every fact which is calculated to extend its benefits to the profession.

Selection of Cases for Anæsthetic Agency.—The state of the system and the character and locality of the injury which it is the object of the surgeon to relieve, must be borne in mind. It is supposed that structural lesion of the vital organs, especially of the lungs and brain, contra-indicate the employment of Anæsthetics; exceptions to this rule are on record, however, and Mr. Fleming, who lays it down, mentions several cases in which there was a deviation from it without injury. Such habits of life as are calculated to depress and vitiate the powers

of life, such as habitual intoxication, or bad and improper living, are thought to be unfavorable to the use of chloroform.

Mode of Administration is not uniform, yet there are certain rules which should never be violated. The surgeon should be fully satisfied of the purity of the article he employs. Chloroform, as it comes to this market, is almost always impure. The principal adulterations are made with oily compounds, alcohol, chlorine, and naphtha. Dr. Gregory attributes the remarkable success which has attended the use of chloroform in Edinburgh to the purity of the preparation. He says in London and elsewhere, chloroform has been extensively sold, so bad that he has examined specimens which did not contain half their bulk of chloroform; in some cases, not a third nor a fourth part, and he has seen one which hardly contained any at all. But, to make up for this, they were rich in poisonous oils, and often in hydro-chloric acid. The appearance of chloroform, its peculiar smell, and those simple tests of its purity which are always within reach, should be familiar to every one who employs it. Litmus paper and water, and, if at hand, a solution of nitrate of silver, are simple tests proposed by Dr. Fleming. "If Litmus paper remains unaffected by the vapor, and if some of the specimen dropped, into a test glass containing either water, or solution of nitrate of solution, occupies the bottom of the glass as a clear, transparent globule, I am satisfied that it is genuine, or at all events suited for practical purposes. If, on the contrary, the litmus paper, is reddened, or bleached, and if the globule appears opalescent or like a muddy lens, I reject it as adulterated and unfit and unsafe for use.

Dose of the Agent to be administered, cannot be reduced to a standard applicable to all cases. The amount should be regulated by strict reference to its effects. Some practitioners say we should begin with a dram. But I have seen full and perfect Anæsthesia from less than half that quantity, in some cases, and have failed in securing that effect by double the quantity in others. The susceptibility to its impression, greatly varies in different individuals. The administration should be gradually commenced, slowly proceeded with, and its effects closely watched; atmospheric air should be frequently admitted into the lungs, say every fourth or fifth respiration, and the pulse and countenance noticed. As long as the patient answers questions, even incoherently, the inhalation may go on; when intellectual consciousness ceases, insensibility to tactile impressions soon follows, and when the former occurs, less copious inhalations will bring on the latter. We believe these rules are a better guide to the necessary quantity than any measured dose, and we have pursued them from the beginning of

Anæsthesia in this country, without having seen any bad effects in a single case.

Position of the Patient, and other circumstances.—The recumbent, or horizontal position, on the back or on either side, is considered the best. In fact, this position is regarded as highly important to the safe administration of chloroform. Mr. Wilmot performed the operation for phimosis, upon a man, to whom chloroform was given in a sitting position, and Dr. Fleming, who was present, remarks, that the man's face became pallid and his head drooped, there was no pulse at the wrist, even the action of the heart had apparently ceased, "had he not been apidly, but cautiously, thrown into the horizontal position to assist ordinary stimulants, he must have died." Also, a lady who had her forearm amputated for malignant disease, being placed in the erect position whilst under the influence of chloroform, suffered frightful prostrations, and could only have the operation completed after several hours delay. The specific gravity of the vapor of chloroform is such, that it would probably not permeate the lungs, if the patient were lying on his face.

Every article of dress should be perfectly free from constriction, especially about the neck and chest. Death was nearly produced in one case by neglecting to unloose the stays of a female, and serious results arose from similar neglect in the neckcloth and shirtneck of men. It is also recommended to administer chloroform upon an empty stomach, and this is the practice I have pursued, though upon this question there is a difference of opinion. Alcoholic stimulation is thought to contraindicate the employment of Anæsthesia, and indeed, before experience had generally sanctioned this conclusion, a case occurred in my own practice that convinced me of the unsatisfactory operation of these agents under these circumstances. Lastly, Anæsthesia should never be given to a patient under the shock or collapse of injury.

Deleterious Effects.—When extreme, these are sudden and alarming. Some difference of opinion prevails as to the precedent and progressive effects upon the vital functions. Mr. Fleming supposes that the reduction or suspension of the heart's action always precedes the effects upon the lungs, and he therefore looks to the pulse as an indication of the Anæsthetic condition. But Mr. Wakley states, that in all of his experiments, where the animal died, the heart's action continued some time after cessation of the respiration. In this opinion Mr. Buisson also coincides. We have always been in the habit of following Mr. Fleming's views, and of looking to the reduction of the pulse, in force and frequency, as the premonitor of danger. We have seen two cases

only, in which the extreme effects of chloroform were manifested, and in both of these an almost total suspension of the heart's action occurred before the respiration became slow and feeble and the prostration alarming. One of these cases was a woman about 36 years of age, whose left eye was extirpated on account of melanotic disease ; the other was a young lady, upon whom we operated for Anchylosis of the Jaw. We think it a good rule to watch the pulse narrowly during the exhibition of chloroform, and if it is much depressed to withhold the agent and put the patient in a free current of air. The further deleterious effects which may follow the exhibition of chloroform are extreme debility, nausea, vomiting, pallor of the countenance, and cerebral oppression. All these symptoms may persist several hours without ending in death, but their occurrence frequently requires the energetic exhibition of antidotal means to prevent a fatal result.

Precautions against fatal accidents.—Relate, first ; to the purity of the agent employed. Second ; to the inhalation of plenty of atmospheric air with the Anæsthetic. In addition to these precautions, Mr. Fleming recommends the surgeon always to provide himself with a sponge and basin of cold water, and a bottle of Ammonia. "They, with a stream of cold air about the patient, are the best remedies with which I am acquainted for controlling the Anæsthetic effects of Chloroform within safe limits, and by their alternate use I never hesitate to prolong those effects, and to renew them when necessary, until the object of the surgeon is completed." On the other hand Mr. Nunnely thinks that Ammonia, Galvanism and other remedial means which have been proposed are useless and prejudicial ; whilst other observers have but little confidence in anything except dashing cold water on the face, and practicing artificial respiration. We have constantly followed the directions of Mr. Fleming and have much confidence in them. The effects of Chloroform are sometimes perceptible after operations, and excite uneasiness in the minds of friends. In such cases any one may satisfy himself that the patient will recover sooner by the cautious inhalation of Ammonia, and the application of water to the face than when left alone. These remarks embrace most of the practical points in connection with the present use of Anæsthetics. Whilst we cannot withhold our admiration of, and gratitude for so great a boon to suffering humanity, we must say that we never proceed to administer chloroform without an indefinite feeling of apprehension and anxiety.—How earnestly is it to be hoped, that the result of scientific enquiry now in progress throughout the world, will entirely remove the dangers

and efface from our future surgical annals, what Mr. Souberbielle would call, the Martyrology of Anæsthesia.

Collodion in Mammary Inflammation and Erysipelas.—We have used Collodion in several cases of mammary inflammation, and have been highly gratified with the result. There is no disease which has perplexed us more, under the usual treatment of lotions, poultices liniments &c., than this, and it seems to us, that collodion supplies the desideratum which has been wanting in these cases .The breast should be sponged off and wiped dry, and the collodion applied to every part of the inflamed gland, with a camels hair, or soft pencil. Two or three coats should be applied and renewed as often as it becomes detached. The usual effects are relief of pain and the reduction of the inflammation, Dr. Evans first proposed this practice. The same application is highly useful in erysipelas. As far as our own experience is concerned, we can unhesitatingly say, that as a local application it is greatly superior to any thing heretofore recommended. We have applied it in twelve or thirteen cases, and always with the most prompt and satisfactory relief. The inflamed surface is thoroughly coated two or three times with a soft brush, and a reapplication made as often as may be necessary. There has been some dispute as to the priority of this application but we believe the credit is justly due to Dr. Freer of Chicago.

Treatment of Asphyxia Infantum.—By pouring cold water on the pit of the stomach, out of a teakettle from a height, is recommended by Dr. Gall. Professor Hasselberg has succeeded by this means in several cases of the most unfavorable character.

Iodide of Potash in Asthma.—Dr. Deane, (Oct. No. of Stethoscope,) gives us the results of six trials of this substance in the above disease. The medicine releived the distressing paroxysms very promptly in doses of 5 to 10 grains every two hours. In an inaugural thesis, submitted by Dr. George Warne to the Medical College of Iowa in the spring of 1849. "On the pathology and cure of Asthma," he strongly recommends this remedy, which he had used with the most happy effect. He thinks, "if there are any specifics in medicine this is the one." Dr. W. dissolved 30 grs. of the potash to the ounce of dilute alcohol, and gave "teaspoonful doses every 30 minutes till relief was obtained," a plan which I would prefer to that recommended by Dr. Deane.

Preparations of Nux Vomica, in the treatment of Asthenic Dropsy.—This is proposed by M. Tessier, (*Gazette Med. de Paris*) who deduced

the conclusion of their efficacy from the fact, that the œdematous condition of palsied limbs generally disappears with the paralysis. He infers, from the effect of this remedy in constipation caused by the inertia of the digestive tube, that it acts on the nerves of organic life, as well as upon the nerves of the life of relation; hence he thinks it acts upon the absorbent vessels, communicating to them greater activity, and thus producing the resorption of effusions connected with the general or local asthenia. Five cases have been reported by M. T. in support of this practice. The first was a case of œdema of the lower limbs, following a case of diabetes; the second, œdema of the lower extremities, with incipient ascites; the third, confirmed ascites, with œdema, resulting from an intermittent fever, and in which quinine and iron had failed; the remaining two cases, œdema of a passive character, following typhus fever. These cases were all cured in from five to twenty-five days, by the Nux Vomica, in doses of 2 to 5 centigrammes (one-half to one grain) daily. M. Tessier uses this remedy only in cases of purely *asthenic* dropsy.

Itch Cured in Two Hours.—Dr. Hardy, physician of the Hospital St. Louis of Paris, has introduced the following treatment into the Scabies ward of that institution, which he asserts will cure the disease in the incredibly short period above mentioned. The patient is put into a warm bath and rubbed for an hour with yellow soap; he then passes into a clean bath, where he continues to cleanse his skin for another hour. After leaving this bath, he is taken to a particular room fitted for the purpose, and, with the aid of one of his fellow-sufferers, he is rubbed all over for half an hour, with the following ointment: "Axunge eight parts, flour of sulphur two parts, carbonate of potash one part." Out of one hundred cases cured by this method, Dr. H. has seen but two or three relapses.

Prevention of Salivation.—Dr. Stearns, (*Boston Med. Surgical Journal*) thinks the combination of super carbonate of soda, with calomel, will prevent sore mouths and other irritating complaints that frequently follow its use. He has given calomel and soda, (3 grs. of the former with 6 of the latter) for five weeks, daily, without producing salivation. From considerable experience, he thinks the exemption was due to the combination of soda. Acting upon a suggestion which we noticed in a previous number of the same journal, we have frequently used calomel and soda (2 or 3 grs. of calomel with 8 or 10 of soda) as a purgative, and always with a satisfactory result. We regard it as one of the most pleasant and efficacious cathartics in the materia medica.

EDITORIAL AND MISCELLANY.

THE NORTH-WESTERN MEDICAL AND SURGICAL JOURNAL, AND THE RUSH MEDICAL COLLEGE.

It becomes our disagreeable duty again to call the attention of the medical public to the Chicago Medical School and its organ, the North Western Journal, on account of the repeated misrepresentations of which the Journal, sanctioned, we presume, by the School, has been guilty since our last issue.

It is never a source of pleasure to a medical man, who has the good of his profession at heart, to expose the dishonorable and corrupt acts of those who are ranked with him as brethren in the pursuit of the same high purposes, and it is questionable whether he is justified in this course where individual interest is alone at stake. The disgrace which attaches to one man, or a particular number of men, who are accredited by the world as members of an honorable profession, is always felt, to a greater or less extent, by the meritorious and the good in the same calling. But there are occasions in every department of human affairs where this sacrifice must be made, and when, to suffer nefarious and dishonorable transactions to pass unnoticed, involes those who fail to expose them, in the reproach and censure which these transactions justly merit.

This principle will be recognized by all; but if there are any who are still inclined to discourage such controversies as are inseparable from the performance of this duty on our part, we will say to them, that a failure to repel the falsehoods of the Chicago School and its organ, would expose us to the contempt of all honorable men. The law of self-defence—sacred as it regards ourself—more sacred as it relates to the public authorities of our adopted State, who have kindly made us the representative of an important public interest—claims our energies in the exercise of this duty, to an extent greatly paramount to any other consideration; and we may as well say here, that, however this matter may be regarded by the medical world—whose good opinion we are exceedingly anxious to retain—that our own conscience being clear, and our sense of duty imperative, we shall proceed from time to time in the fearless execution of our design.

The first item whichdemands our notice is contained in the January number of the North Western Journal, under the caption, "Free Medical Schools." But we cannot, at present, give this article and the gratuitous advice contained in it, the extended notice which it demands. We must proceed to examine a second article in the June number of this same Journal, which reiterates a portion of the misrepresentation, and promise our readers, that in our next issue we shall attend to that portion of the first article which, relates to the comparative facilities of the Keokuk and Chicago Schools.

The article in the June number commences as follows: "Some person or persons, assuming to act under the authority of the University of Iowa, sent to the Secretary of the American Medical Association, at its meeting at Charleston, a protest against the admission of delegates in that body from Rush Medical College." This sentence, written contrary to the writer's knowledge of facts, is intended to convey the idea, that the Medical Department of the University of Iowa, from which this protest emanated, is not fully and legally organized. To show that this is a groundless declaration, we will quote from the proceedings of the Board of Trustees of the Iowa State University, at a meeting held in Iowa City in December, 1848. Previous to this time, several physicians of Iowa, had memorialized the Board to establish the Medical Department of the University, and the following report, unanimously adopted by the Board, was from a committee to whom this memorial had been referred:

"Your committee to whom was referred a memorial from an association of physicians and others, on the subject of organizing a Medical Department of the University, respectfully report:

"That, in their opinion, it will comport with the interests of the University, and of our State generally, to organize immediately the Medical Department of the University, and, in view of such organization, they suggest for your adoption the following provision and conditions."

Then follows the plan of the organization, the names of the faculty, and other details which need not be mentioned; suffice it to say, that the report was unanimously adopted in every particular by theBoard of Trustees, appointed by the general Assembly, in accordance with a provision of the Constitution, and the Medical Department fully and legally organized.

Not long after this transaction at Iowa City, the Faculty of the Rock Island Medical School, entertaining some doubts of the legality of their

organization there, under a law of Wisconsin, resolved to remove to Davenport, (only separated from Rock Island by the Mississippi river) and organize under a general law of Iowa. This was accordingly done, and the institution held its first session in Iowa, as the "College of Physicians and Surgeons of the Upper Mississippi." This course had been taken by the Rock Island School, without knowing the plans and intentions of the Board at Iowa City; and when it became apparent that an effort would be made to sustain two medical institutions in the State, it was resolved, that an attempt should be made to unite them by merging the one at Davenport into the one previously existing at Iowa City, inasmuch as the organization of the latter was fully completed by the General Assembly and the Board of Trustees of the State University.

In regard to this organization, the Superintendent of Public Instruction, Hon. Thos. H. Benton, Jr., speaks as follows, in his biennial report to the Legislature:

"In regard to the literary department of this institution, (State University) nothing has been done since the adjournment of the General Assembly. The law and medical departments were organized on the 21st of February, 1850, in the manner indicated in my last report. Prior to this time the "College of Physicians and Surgeons of the Upper Mississippi" had been established at Davenport. The trustees, considering it impolitic to attempt the organization of two institutions of this character, at so early a period, upon mutual consultation with the faculty of the one at Davenport, determined to recognize them as the "College of Physicians and Surgeons of the State University of Iowa," and the following gentlemen were appointed members of the faculty:

Nicholas Hard, M. D., Professor of Anatomy and President of the Faculty.

John F. Sanford, M. D., Professor of Surgery and Dean.

Samuel G. Armor, M. D., Professor of Physiology, Pathology, and Clinical Medicine.

Geo. W. Richards, M. D., Professor of Theory and Practice of Medicine.

A. S. Hudson, M. D., Professor of Materia Medica and Therapeutics.

D. L. McGuigan, M. D., Professor of Obstetrics and Diseases of Women and Children.

Henry M. Matthews, M. D., Professor of Chemistry and Pharmacy.

J. C. Hughes, M. D., Demonstrator of Anatomy."

He then proceeds to recommend an appropriation "for the benefit of this department of the University," and to embody in his report to

the Assembly, the report of the faculty to the board of trustees, a portion of which, as exhibiting the history and condition of the school, we copy:

"Previous to the close of the session referred to, various circumstances had forced the conviction upon the minds of the Medical Faculty, that the interests of the Medical Department of the University would be greatly enhanced by removal to a more populous town than Davenport. The most important consideration influencing them in this respect, was the increasing demand on the part of Medical Associations and medical men, for clinical privileges, and extended opportunities for cultivating practical anatomy, in connection with the courses of instruction in medical colleges. The importance of these facilities to a thorough scientific course of medical lectures, was deemed so great by the American Medical Association, as to justify, in their opinion, a requirement from the schools, that they should constitute essential parts of medical instruction.

Wishing to sustain the interests of the institution, to justify and merit the confidence of the profession, and ultimately make it an ornament and a blessing to the State, the faculty resolved to relocate the college at a point where the erection of hospitals and the establishment of infirmaries, would render clinical or practical teaching a reality, and where the opportunities for the prosecution of the fundamental branches of medical science would meet the demands and necessities of medical students. One of their number was accordingly appointed and authorized to visit the cities and towns, in other portions of the State, and ascertain the comparative facilities presented for the success of medical teaching.

The result of his observation need not be detailed; suffice it to say, that having strictly in view the considerations above stated, the city of Keokuk was selected as the permanent seat of the Medical Department of the University, and an appeal was immediately made to the citizens for aid in the erection of the necessary buildings. To this appeal there was a most enthusiastic response. Beautiful and extensive grounds, embracing eight full lots in the fairest part of the city, were donated by Mr. H. T. Reed, and the prompt and liberal contributions, from every class of the citizens, enabled the faculty to place under contract an edifice sufficient in its arrangements for temporary occupation by the first of August.

Immediately subsequent to these arrangements, the annual circular, a copy of which is herewith transmitted, was issued, and the session opened according to resolution, on the first Monday in November, and on Wednesday evening, November 21st, the new college edifice was dedicated with appropriatate ceremonies. The medical class, now in attendance, is larger than was anticipated, and the catalogue for the present term will embrace not less than fifty names.

This list will give assurance to its friends of the future eminence of the institution, and proves, contrary to what has been imagined, that the establish-ment of a medical institution in this State was not premature.

The city authorities to further facilitate the success of the medical

college made a liberal appropriation, and placed under contract a commodious hospital building in immediate connection with the college, which will accommodate one hundred patients and will be ready for inmates by the first of January.

The facts above stated will, it is hoped, elicit an early action on the part of your honorable body, approbatory of the change of location made by the faculty.

It is earnestly hoped, that the board of trustees of the State University may recommend to the favorable consideration of the General Assembly, this important part of the educational machinery entrusted to their care. To justify this recommendation, the following statements are made by the faculty, as an exhibit of the labor they have performed, and the expense they have incurred, in the preparation for medical teaching.

Although a part of the collection referred to, are not immediately subsidiary to the courses of medical instruction, they are to a great extent interesting and useful to the student of medicine, who prosecutes a science having a more or less ultimate relation with every department of human intelligence.

In natural history about two thousand preparations, embracing principally specimens in ornithology and entomology.

In conchology and geology fifteen hundred specimens. These collections were made in the hope that, at no distant day, the Board of Trustees would establish, and the general assembly endow, a chair of natural history and comparative anatomy.

The specimens and collections more immediately connected with the demonstrations in medical science, embrace about one thousand preparations, drawings and paintings in anatomy, surgery, pathology and obsteterics.

The chemical apparatus belonging to the college is one of the best in the western country. The instruments are all of the most modern construction, principally manufactured at the establishment of Benjamin Pike, of New York, and embrace every thing necessary to a complete and thorough course of demonstrative chemistry.

This exhibit will, we hope, convince your honorable body of the enthusiasm and pride that animates the medical faculty of the university. The further fact that they have twice sent delegates to the American Medical Association, first to Boston, Massachusetts, and then to Cincinnati, Ohio, for the purpose of securing an honorable position among American schools of medicine, will they hope, not only justify the confidence your body has heretofore reposed, but elicit further aid from the General Assembly through your recommendation, to enable them to carry out the highest objects of the institution.

The faculty respectfully beg leave to submit to your body, that some legislation establishing their legal existence and relation with the university, would greatly benefit them. Amongst the most important provisions of this kind, are those making them an integral part of the university establishment of this State by special act, and in the same way, giving them the authority to confer the degree of doctor of medicine upon those, who, after examination, may be found worthy.—Al-

so, making the diploma, thus conferred, a licence to practice medicine and surgery in Iowa. All of which is respectfully submitted,

JNO. F. SANFORD, M. D.

Dec. 2, 1850." Dean of Med. Department, Iowa University.

In accordance with the request contained in the latter part of this report, and the recommendation of the Superintendent of Public Instruction, the Legislature of Iowa passed the following act, and immediately after, made an appropriation of $ 5000 to the medical department of the University, which appropriation has since been realized and applied to the proper purposes under the direction of the President of the Board of University Trustees.

"The college of physicians and surgeons located at Keokuk, Lee county, Iowa, is hereby recognized and established as the medical department of the Iowa state university.

The said medical department shall have power to grant diplomas for the degree of doctor of medicine, to such persons as they deem qualified for such degeee, and power to make such regulations and adopt such rules as may be necessary for the good of said department.

All persons having obtained such degree of doctor of medicine from said institution, are permitted to practice physic, surgery and obstetrics within this state.

Approved January 28th, 1851."

So much for the false declaration that "some person or persons" *assumed* to act under the authority of the University of Iowa, and sent a protest to Charleston. The Medical Faculty of the University, duly empowered and acting under its sanction, did send a protest to the American Medical Association against the admission of delegates from a medical school which had outraged every principle of professional ethics, acknowledged by medical men, and that protest they are able to sustain. The Faculty of that school may congratulate themselves as much as they please upon our absence from Richmond. We will say to our professional brethren, that, that absence was occasioned by deep domestic affliction—and this with them will be a reasonable cause. To atone for the disappointment of Chicago we send forth this paper, which embodies much of what we had intended to present at Richmond.

In regard to the assertion, that "no protest had come before the Committee, the editor knows full well that the protest was read before the Association at Charleston and elicited an animated discussion—that it was referred to a committee with instructions to report at the next meeting. If the protest was not handed over to Dr. Hayes, chairman of the committee, it was the fault of the secretary, not ours.

But the most trifling charge, which this article in the North Western Medical Journal contains, is, "that this medical department of the

University of Iowa is only an *alias* for the concern originally started at St. Charles, and which removed to Laporte Ia., Rock Island Ill., Davenport Iowa, and finally to Keokuk," and like the rest, it is untrue. It will be seen by the Superintendent's report, that but two of the gentlemen who were ever connected with the Laporte school, were appointed to Professorships in the Iowa University; and one of these—the one who was at St. Charles—dissolved his connection with our school, before Laporte School had suspended its sessions. For the one who remained after this event, Prof. Hard, we have no apology to make, nor do we desire to apologise for our connection with him. He was an honor to our university and to the medical profession. The Chicago Journal, by insinuating, now that heis dead, that disgrace comes from his connection with us, will reap only contempt. One of the evidences which we were desirous of presenting to the American Medical Association, came to us through our much esteemed and lamented colleague; He was perfectly familiar wtih the beginning of their scheme to break down surrounding institutions, and wrote us as follows upon the subject:

"At the time when that faculty cut down their price, we had a class of some 80 or 90 at Laporte, who had not heard it till they got to Laporte. The students were soon flooded with their proposals by mail. Finally, two missionaries were sent amongst them, one an editor of the Journal, (Dr. Meek) the other a student. They staid two or three days, and succeeded in drumming up ten or twelve, whom they took to Chicago. This was the entire number who left. Letters were written by these students to ours, using every argument to persuade them to leave us. Finally, one of our boys, (a fine little boy) to amuse himself, wrote a letter to Prof. Herrick* over a fictitious signature, inquiring their best terms if he would go to them. Dr. H. answered. I read the letter, and saw Herrick's signature. He replied that he might come at half price, and have credit, and, if our faculty tried to detain him by reducing the fees, he would in that case give him his course *lower than our lowest proposition*; and then added—'If you can induce any considerable number of your class to come with you, your traveling expenses shall be refunded to you.'

In a few days another letter came to this fictitious address from one of our students at Chicago. He stated that Prof. H. had handed him his letter of inquiry, and requested him to answer it more fully than he had time to.

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* Dr. Herrick is Professor of Anatomy in Rush Medical College.

It contained the same proposition, backed up by glowing pictures of the Chicago School and faculty and urgent entreaties to come immediately, and induce others. Our students amused themselves right merrily with this correspondence. The young man lives in Wisconsin, and I presume would send me Herrick's letter if requested."

Dr. H. supposes that the Laporte School was unpopular in the North West, and like a demagogue attempts to invoke that influence against the Iowa University. It will be seen that whatever estimate he may have placed upon the *faculty* of that school, he entertained a very favorable opinion of the *students*. We now wish to attract the attention of our friends, of the medical press, expressly to this *one* exhibition of the Chicago School, and to ask them if what we have heretofore written upon this subject is not fully sustained. And we further urge the attention of this matter upon the attention of the American Medical Association, and ask them, if the protest we sent to that body may not be sustained in all its parts. Is any member of that association willing to admtt to its deliberations the representatives of an institution which pursues a course that would forfeit an individual physician's claim to his fellowship? If he is not, then it cannot be said that the "association lent itself unwittingly in this case, as it has done in several others, to the advancement of personal objects."

There are some good men in the Chicago School, whose position we pity, and who should have more respect for a reputation we fully recognize, than to remain any longer under an odium which that institution has uhappily incurred. They should regenerate—re-organize their school upon just and honorable principles—determine the question of fees as they may deem proper—and place themselves again in an attitude of respectability before the world.

IOWA MEDICAL AND CHIRURGICAL SOCIETY.

In the absence of the full proceedings of this body, we publish the following synopsis, which was handed us by Prof. McGuigin.

The annual meeting of the Society convened in Fairfield on the 5th instant pursuant to adjournment.

The President, Dr. McGuigin, of Keokuk, called the Society to order.

The Recording Secretary being absent, on motion of Dr. Elbert, Dr. Steel, of Jefferson, was appointed Secretary pro tempore.

On motion, the chair appointed Doctors Elbert, Steel, and Robinson, censors.

Members admitted, were Doctors J. C. Hughes, J. C. Wear, S. L. Craig of Lee, Wm. Craig of Van Buren, J. B. Moberly, and J. D. Starks.

The nominating committee, consisting of Drs. Steel, Ramage, Wear, Robinson, and Craig, of Lee, reported the names of persons as officers for the ensuing year.

President, Dr. J. D. Elbert, of Van Buren; 1st Vice-President, Dr. J. F. Henry, of Desmoines; 2nd Vice-President, Dr. J. M. Witherwax, of Scott; Recording Secretary, S. L. Craig, of Lee; Corresponding Secretary, J. F. Sanford, of Lee; Treasurer, J. C. Wear, of Jefferson; Librarian, —— Cousins, of Monroe; Board of Censors, Drs. McGugin, of Lee county, Lowe, of Desmoines county, Barton, of Van Buren county, Siveter, of Henry county, Hughes, of Lee county, Craig, of Van Buren county, Ransom, of Desmoines county, Ramage, of Jefferson county.

Drs. Huey, Elbert, and Wear, were appointed to amend the Constitution, who reported an amendment in relation to the time of the meeting of the Society, which was adopted, and the time fixed upon for the annual meeting was the 2d Wednesday in June, in each year, instead of the first Wednesday of May, as heretofore.

The finance committee reported, and their report adopted.

Dr. Huey, offered the following resolution, which was adopted:

Resolved, That a committee of one in each District of the State, be appointed to report at the next annual meeting, upon the general health, the prevailing diseases, natural formation of the soil, and the other incidents affecting the sanitary condition of the same. Also, the number of regular practitioners, Homœpathists, Hydropathists, Thomsonians, Eclectics, id est omnes in each.

A resolution followed, appointing a committee to district the State, and a committee of one was designated in each report as above.

The following is a list of the Districts:

No. 1, Lee and Henry counties, Dr. Hudson; 2d. Desmoines, Louisa, and Washington, Dr. Henry, jr.; 3d. Van Buren, Davis, and Appanoose, Dr. Norris; 4th. Jefferson and Keokuk, Dr. Huey; 5th. Wappelo, Monroe, and Wahaska, Dr. Orr; 6th, Muscatine, Johnson, Cedar, and Scott, Dr. Dillon.

On motion of Dr. Huey, Drs. McGugin, Craig, of Keosaugua, and Lowe, of Desmoines, were appointed to revise the Constitution and report at the next annual meeting.

Drs. Owen, Wear, and Huey, were appointed a publishing committee.

On motion of Dr. Huey, Drs. Lowe and McGugin, were elected delegates to the National Medical Association.

Evening Session.—Dr. Elbert in the chair.

On motion of Dr. Gugin,

Resolved, That we again urge upon our medical brethren from the different organized counties in the State, the establishment of auxiliary societies.

On motion of Dr. McGugin, it was Resolved, That a committee of three be appointed to report to this society on the following subjects, to wit:

Anatomy—Drs. Hughes, Craig of Van Buren, and G. Henry.

Physiology—Drs. Hudson, Dillon, and Siviter.

Pathology and Practice—Drs. J. F. Henry, Ford, and Stark.

Therapeutics—Drs. Ford, Barton, and Moberly.

Surgery—Drs. Elbert and Ramage.

Obstetrics and Diseases of Females—Drs. McGugin, Wear, and Norris.

On motion of Dr. Robinson, the following resolution was adopted:

Resolved, That it is the duty of our medical brethren to sustain a medical journal in our State, and that, in order to this end, each member of this society, and every physician of the State, should patronise it.

On motion, Prof. McGugin, by request of the president, was requested to deliver an address to the society.

On motion of Dr. Wear, it was Resolved, That the address be published with the minutes.

On motion, a resolution of thanks was tendered to Judge Black for the use of the Court House.

On motion the regular annual meeting to convene at Davenport on the 2d Wednesday of June next.

We have also received the manuscript of an address which was delivered by Professor McGugin, a portion of which we had intended to publish in the present number, but our space will not permit us to do so. It will appear in the next issue.

OUR JOURNAL.

It is with pleasure we resume our editorial duties, which for a brief period have been interrupted. The temporary suspension of the Journal has been owing to circumstances, which, in no respect, impaired its permanent prospects as set forth at the close of the first volume.

but to business transactions in the house of publication, which rendered its further issue impracticable. The interests of the work being now transferred to another establishment, the new proprietors, after an attentive examination of the business affairs of the Journal, have extended the arrangements for its publication two years beyond the original arrangement, which, as announced at the commencement of the enterprise, was to close in September, 1852. This extension of time will give the Journal a certain existence of four years, which, every one acquainted with such matters must admit, places it beyond the probability of future failure. The history of all periodicals will show that the severest struggle for continued existence is incident to the first or second year; these periods passed in safety, they acquire the prestige of success and the confidence of the world. This confidence, however, never rests upon the pecuniary abilities of those engaged in these enterprises. This basis of prosperity is only acknowledged valuable when other things are equal. The favor which has heretofore been shown the Journal by a generous profession, has been due, not so much to its pecuniarypros perity, as to the scientific character which has been given to it by those who have contributed to its pages. The same will be true in the future. If our brethren of the North Western Valley, for whom it is especially intended, will make it the depository of their observations and experience, its perpetuity will be established; for, with all allowance for the expansion of the imagination in this great region, it must be conceded that the human mind is operating with a vigor, strength, and enthusiasm fully commensurate with the prodigious physical capacities which invite its industry. It is not in the nature of medical science to go behind. It is intended to be the pioneer in scientific and social progression, and it must be the crowning glory of that perfection which the intellect of man is destined to reach. It is the duty of every physician to contribute something to a profession which places him in a conspicuous position to do good, and to which is accorded the respect—almost the veneration of the world. This duty extends beyond the sphere of private benevolence. Great truths are in his path, which may soothe the bed of pain, and add to the general stock of knowledge. These he should communicate to the profession, as the only return of gratitude to those whose labors he has employed in his previous conflict with disease.

We earnestly solicit contributions to our pages. We hope every one who receives the Journal will send us, at least, one communication during the year. But that this essential element to success should not be wanting, we have secured an able corps of collaborators to sustain

the original department. The announcement of their names, however, should not deter others from sending in their articles. We labor for the entire Valley of the West, and any fact from this great field will be received with the highest satisfaction.

COLLEGE COMMENCEMENT.

The annual commencement of the College of Physicians and Surgeons of the Iowa University, was held in the College Buildings, Wednesday evening, February 25th, 1852. The degrees were conferred by Dr. Hudson; valedictory address by Professor Sanford. The following gentlemen were admitted to the degree of Doctor of Medicine:

NAMES.	RESIDENCE.	JUBJECT OF THESIS.
Clinton Helm	Illinois	Unsoundness of Mind.
Jesse Bowen	Iowa	Menstruation.
Julius J. Matthews	Ohio	Intermittent Fever.
B. F. Keables	Illinois	Aberations of Nutrition.
Wm. S. Linn	"	Respiration.
Asa Morgan	Iowa	Manage'nt of Sick Room
James M. Sullivan	Missouri	Epidemic Dysentery.

The Ad Eundem Degree was conferred upon Drs. O. B. Payne and N. B. Butler, of Illinois; and the Honorary Degree upon Dr. G. B. Miller, of Iowa.

TO CORRESPONDENTS.

We have received the communieation of C. P. M., containing an exposition of Homœpathy, which we must decline to publish. We do not take this course from any disrespect to our friend, or indifference to the subject upon which he has written. The communication is an able one, and our feelings in regard to this modern humbug are well known. But the deception is rapidly passing from the minds of the people, and, in a very brief period will only remain as an evidence upon the page of medical history, of the susceptibility of the human mind to the influences of fraud and imposition.

Homœpathy is amongst the victims of the epidemic pestilences which have swept over the country during the last three or four years, and our contempt of it is so great, that we do not wish to give it notoriety, even in its death.

EDITORIAL NOTICES.

A large number of periodicals—embracing reports from benevolent and scientific institutions—essays—new books—reviews—college announcements—new journals, &c., &c., are upon our table, and will be noticed as soon as possible. It is our intention to be as prompt as possible in introducing the favors of our friends to public notice, as we think it important that many of these publications—on account of the valuable scientific information they contain—should be distributed amongst the profession.

MEDICAL JOURNALS.

In the May Number of the New Hampshire Journal of Medicine, our friend Dr. Parker defends himself against the charge of Dr. Bullitt, (Transylvania Medical Journal,) that "all the Medical Journals in existence in the U. S., are either owned by publishers of Medical books, or controlled by the faculties of Medical Schools." We think there is no ground, either for a charge or defence in these premises, and that the illiberal views of Dr. Bullitt, will not be adopted by any considerable number of the Medical Profession.

The Medical Journals which are owned by booksellers in this country, have been especially distinguished for the dignity and impartiality of the review department, and we do not think it a necessary consequence, that an editor, whose literary and professional reputation is at stake, must write his reviews to suit the pecuniary views of his Publisher. As to the faculties of Medical Schools, we presume neither Dr. Bullitt or Dr. Parker would exclude them from all participation in scientific labor or emulation. Facts, induction, eclectism, should be cordially welcomed to the storehouse of knowledge, irrespective of the source whence they come.

OBITUARY.

Died, in New York, on the 9th Nov., Dr. J. K. Rodgers, one of the most eminent surgeons of our country.

——In Philadelphia, Nov. 10, 1851, J. M. Wallace, in the thirty-seventh year of his age.

——In New York, Nov. 12, Granville Sharpe Pattison, M. D, Prof. of Anatomy in the University of the city of New York.

——In New York, Nov. 12, J .R. Manly, M. D., in the seventy-eighth year of his age.

CHLOROFORM.

PURE.

Much of the Chloroform of commerce being very impure, and its use having in some cases been attended with unpleasant consequences, we have been repeatedly urged to make some, at our Laboratory, of a quality superior to that generally for sale in this market. We would therefore inform the Medical Profession, that we have prepared an article, the purity of which can be implicitly relied on.

Nitrate of Silver

Can also be obtained from us perfectly PUREthetiskern,oesii crystals, manufactured at our Laboratory.

Morphine.

Our Morphine having acquired a reputation superior to any other, those who have occasion to use the article, will be satisfied of its excellence by giving it a trial.

WE ALSO PREPARE

THE SYRUP OF IODINE OF IRON,

Now so highly esteemed as a remedy in Scrofulous complaints. These articles (which it is of the greatest consequence to physicians to have of reliable quality) are, with our other preparations, offered to the notice of those desiring

PURE DRUGS AND CHEMICALS, AND SUPERIOR EXTRACTS,

By PHILIP SCHEFFELIN, HAINES & Co., DRUGGISTS AND MANUFACTURING CHEMISTS,

107 *MAIN STREET, NEW YORK,*

November, 1851.

George Tiemann,

MANUFACTURER OF SURGICAL AND DENTAL INSTRUMENTS,

OF EVERY DESCRIPTION.

IMPORTER AND DEALER IN

FRENCH AND ENGLISH BOUGIES, CATHETERS, STOMACH TUBES, &c. &c.,

64 CHATHAM STREET, NEW YORK.

November, 1851.

THE

WESTERN

MEDICO-CHIRURGICAL JOURNAL.

VOL. II. KEOKUK, IOWA, AUGUST, 1852. NO. 5.

ART. I.—Anæsthesia. *By Thos. Kerr, M. D., of Elgin, Ill.*

Your remarks on the administration of chloroform in your July number, have interested me much. Among professional men, earnest inquiry prevails on Anæsthesia. The late report of death from chloroform in St. Bartholomew's Hospital, London, has produced a powerful impression on the minds of medical men. This Hospital had published the fact of the administration of chloroform in upwards of nine thousand cases without a single unfavorable result. Such an assurance had induced extensive confidence; and when the fatal result just mentioned was published, a revulsion of opinion immediately followed, and among the principal medical societies repeated discussions have been insufficient to allay apprehensions or restore confidence.

With your kind permission I will proceed to state a few points in the discussion, which have been entirely overlooked in the reports and articles I have lately seen on this subject, First, then, I have always regarded it absolutely necessary to have a *present* indication for anœsthesia to warrant its employment. *Pain* is this indication; not *anticipated* but *present*. When a patient is in agony from any cause, you have an indication for an agent to ease it; and this indication will form the only safe guide to the administration of such an agent.

The indiscriminate use of chloroform or æther, in surgical and dental operations, in which the object is to produce anæsthesia in *anticipation of pain*, and in every other case where *pain* did not exist beyond easy endurance, have, I doubt not, furnished the numerous fatal cases on record. I have yet to learn of an instance where in acute and agonizing pain the influence of chloroform has been fatal. Just as is the

case of other powerful articles in the Materia Medica: when indicated, the dose productive of benefit, would, in the absence of this indication, produce harm. I have, in former numbers of the Journal, related cases of extreme exigency relieved safely by chloroform properly given, and I would now add the following:

I was called to a boy 12 years of age, who had sustained a fracture of the left Temur. He lay in extreme suffering, and his agony prevented any attempt being made to minister to him. Under the influence of chloroform the limb was reduced and dressed, and the patient saved the endurance of the necessary manipulations.

Mrs. D., at the accession of an attack of intermittent fever, was seized with very violent spasms. The whole body would become rigid and her outcries for help were harassing. Chloroform eased her at once, and the excitement of the nervous system allayed.

Miss T. sent for me, and I found her laboring under acute synovial rheumatism; her sufferings had almost maddened her, and she earnestly implored relief if possible. She had been in the habit of taking morphine, but this time she found no rest under its influence. Here was a trying case, but its grief soon became joy, when I gave the chloroform, a few inhalations being sufficient to produce a material lessening in the symptoms. I directed the use of chloroform in this case, according to the severity of the pain, until the remedies used resolved the disease.

I could detail many similar facts, but I proceed to speak of chloroform in labor. This formed the subject of a paper in the Journal of June, 1851, and I would simply state here, that its perusal will clearly show that the main indication for chloroform in parturition is, the presence of *pain*. Again, in cases of poisoning, attended by convulsions, chloroform will furnish their antidote, when all other agents fail. The case reported by Dr. Everts in the Journal for May, 1852, is a good case in point. It presented an indication for chloroform clearly, and I have not heard that its administration has ever been fatal in such cases.

As an *anti-spasmodic*, chloroform or æther cannot be dispensed with, neither can they as immediate *antidotes to pain*.

Another part of the case remains in the consideration of the *mode of administration*.

I consider it impossible to define any dose or specific quantity from age as with other drugs; the only rule being according to symptoms. By the method described in "Chloroform in Labor," this is safely followed. A two ounce vial of chloroform applied to one of the nos-

trils, seems to convey its contents just right. By this plan, atmospheric air is abundantly supplied to the lungs, and the anæsthesia *minutely* gradual, and interfered with instantly on withdrawing the vial. No sudden overwhelming effect can be produced by this method of inhalation, for the amount of pain expressed by the patient affords distinct guidance.

I have the impression that the general method of administering anæsthetics is to cover up the entire mouth and nostrils, more or less, especially at first, so as to secure the proper amount of influence, while in many instances this is at once, and that is the *absence of pain*, carried to complete unconsciousness. Now I suppose the fatal cases on record have been so treated; the atmospheric air has been for a time excluded, and the chloroform alone breathed. This cannot but be attended with danger.

When pain or spasm—from whatever cause—exists, sufficient to demand instant relief, I would ask, Is it not our duty to apply the agents we may possess for that purpose?

I write more to gather information than to give it on this most interesting subject, and I would respectfully request an answer to the following interrogatory: Is any fatal result on record where chloroform was administered for existing and present pain or severe spasm, local or general, the patient dying in a condition of anæsthesia?

Elgin, July 23, 1852.

ART. II.—Change of Air. *By Prof. A. S. Hudson.*

This is the title of an interesting quarto by Doctor James Johnson. It is a sizable work for so concise a title; yet when we reflect upon it, there is a field which opens a wide range for thought.

The above head is adopted, not for the purpose of review or criticism, but for the theme of a short essay.

With change of air there is necessarily a change of temperature; and temperature possesses a well understood influence over the human economy. Indeed, change of temperature would signify as much, and repay inquiry as well as change of air.

Air, or atmosphere, maintains a universal composition of the stated proportions of Oxygen, Hydrogen, Carbon and Nitrogen. Change of locality does not modify these proportions, nor does it alter the composition. But change of temperature is as variable as the surface of the earth; and whoever leaves one locality of the globe for another,

may expect to find the temperature of the same air he has ever breathed, subject to strange vicissitudes. In high situations, the atmosphere occupies more space, is lighter, and larger lungs are required to appropriate the needful amount to the system's breathing wants than in low localities. It is rare from diminished pressure, and supports respiration feebly. An elevated temperature also produces a similar state of the atmosphere.

While *height* and *heat* effect an analogous change upon air, the parallel between them is broken when we contrast their effects upon the functions of life. The change induced in the air by the altitude of Quito, is in kind the same, or similar to that produced by the heat of the tropics; and large lungs are required in one locality with apparently the same necessity as in the other.

But history and experience convince us that the human organism has accommodated itself to the influence of the tropics, less happily than to the influence of altitude. The effect of the one has been to produce a large lung, and a fair complexion. The effect of the other is spent in the production of a large liver and a swarthy tint.

We will not say that a given amount of accurate physiological knowledge would prepare the mind to expect this diversity of change, but it enables one to reduce the singular fact to an interesting rationality.

Air is not merely useful for what it yields to the system; it is of equal importance for what it takes away. Indeed if we are permitted to hint at a difference, we would venture the opinion that the expiring part of respiration is more essential to life, than the inhaling. Oxygen is inspired chiefly to be exhaled in the magic form of carbonic acid, whereby heat generates, and a noxious element, carbon, removed.

It will be seen that the increased density of cold air gives alacrity to the sleepless labors of the respiratory functions, and oxygen is largely consumed in a condensed form. While a warm and therefore raw atmosphere, by lessening the amount introduced, lessens the proportion of effete matter thrown off. The remaining portion of carbonaceous detritus, still burdens the circulation, deepens the shade of the natural pigments, or finds other avenues of escape.

Carbon is not eliminated through the lungs exclusively, nor is it employed as nourishment to the tissues, and it is only deleterious by reason of excess or mode of introduction. The liver appropriates much of it to the production of bile, receiving it through a complicated network of capilliary vessels. Therein is a close analogy between the office of the lungs and liver. Therefore, any agent or force calcula-

ted to accelerate the labor of the one, will in that proportion lessen the duties of the other. If, as generally happens in warm latitudes, the rapid respiration leaves a superabundance of carbon in the blood, the hepatic task is oppressed, the liver exceeds its original proportion, a carbonaceous deposit, which should have been removed, will be seen to deepen the pigment of the eye, the hair, and the true skin. Under these circumstances those diseases commonly denominated Billious, become proverbially prevalent.

In our climate these maladies are most troublesome during the heat of the summer and autumnal months, a season when this climate resembles, or is really a tropical one.

While musing upon the subject of change of air, which has such a generic relation to many others, our fancy is half inclined to seek pleasure in the analysis of that intricate, yet amusing question of, *origin of color* in the human race. It would suit our physiological taste to trace the just effect which air, light, and heat convey to the constitution of man. To note the amount of proof of color, originating by external circumstances, accident, or design, and to conclude whether this color, after all, is more than skin deep. But such is not the design of this article.

Change of air is not exclusively found in new and remote situations. It is often experienced at home; and though it is sought abroad, it is complained of at home. With pride and pleasure we speak of the Valley of the Mississippi, possessing a delightful atmosphere, and a climate that charms nearly every visitor. The little winter, early spring, and protracted autumn, all lend a seasonable facination that abides upon each inhabitant. Yet it has its changes as well as other portions of the earth. These changes are frequently called vicissitudes, and sometimes experienced with cool disapprobation.

But if we compare the climate of this region of country with any and all of the southern latitudes, it certainly will be esteemed equal with those of greater renown. Though the extreme degree of cold may be greater, yet the climate of Illinois and Iowa is subject to fewer vicissitudes than Pueblo or the City of Mexico, and but few more than Louisiana. Sudden changes of temperature from warm to cold, are not alone peculiar to the middle or north-western States; they are as well marked in New Orleans and southern Africa, as in the Valley of the Mississippi. To asperse an excellent climate with invidious comparisons, because a few sudden changes in temperature are unwillingly experienced, betrays palpable unhappiness and an over wrought opinion of something better beyond our reach.

Cause for similar complaint was a few months since witnessed in Louisiana.

It was in August, when travelling through what is called the Piny Woods, where free air, if it moves at all, moves silently. At the season of which we speak, the sun's rays were direct, and his heat most oppressive. It is with serene recollection that the mind recalls the hour when the atmosphere appeared so sultry as to seem inadequate to the purpose of respiration. The relaxation of every fibre favored the apprehension that the solids were about to become fluids; and while dwelling in wistful revery upon the luxury of a cold bath, indications of a shower came up. The journey was continued, rejoicing in the hope of a change in the weather. A cloud soon arose and obscured the burning scene. A cool breeze tempered the atmosphere. Shortly the rain came, not furiously, but steadily and strong. Before a convenient stopping place could be found it was necessary to ride about two miles in the shower, and as might be expected, we got well sprinkled, notwithstanding our new umbrella and a disbelief in sprinkling as a mode of baptism. From thoughts how to get cool, I began to study how to get dry, and how to arrest the further cooling process of an evaporating outside; for a chill was fast succeeding to the unbearable heat. Arriving at the house of a small cotton planter, who himself sat upon the gallery curled into a small compass, apparently from the effect of a speedy reduction of temperature, I remarked that it was cool after the shower. "Yes," said he, "cold, I am cold enough for the ague," and ordered a brisk fire. We gathered around, realizing it to be emphatically a luxury in mid summer seldom desired. A December fire could not have been more acceptable.

Notwithstanding the occasion, we did not complain of the weather, nor did we feel disposed to under rate the climate of Louisiana for its vicissitudes.

ART. III.—CASE OF GUN SHOT WOUND. *By Thos. Siveter, M. D. of Salem, Iowa.*

The following case of the lodgment of a bullet in the Basillary process of the occipital bone, in a living man, who is yet living, several weeks after the accident, I have thought of sufficient importance to communicate for publication.

The constitutional symptoms immediately after the injury were slight, and this, together with the fact that three weeks after the injury

the ball remained impacted in the bone—that its track was nearly closed, and that the man considered himself able to mow grass, are rather curious circumstances in surgical pathology.

Such a case fell into my hands the 23d of last 5th month, and I will relate the case as briefly as I can. On that day as he was standing upright, with his rifle resting upon his left arm, it accidentally exploded. The ball, about 120 to the pound, entered the inferior maxillary bone at the base of the first molar tooth of left side, produced a comminuted fracture of the extreme wall, drove out the molar tooth and bicuspid next adjoining, also their antagonists in the upper jaw, glanced, wounding the tongue, and entered the palate a few lines from the edge of the soft palate, and little to the left of the mesial line, and so on to the place of deposit.

Several hours elapsed before I saw him. Great tumefaction had then taken place; he could not separate his jaws more than half an inch, all I could discover of the farthest track of the ball, was the vacant site of the superior molar and obicuspid teeth. I had an idea that the ball was lodged in the antrum, but could introduce no probe there. By and by, perhaps in the course of a week, tumefaction subsided, and then was developed the termination. I then made a fine screw, with which to remove, if possible, the ball from its resting place, and assisted by Dr. Shriner, the patient being under the influence of chloroform, introduced the screw into the bullet through the palatine orifice. It readily took hold—we applied considerable tractile force, but it broke from the lead. We made several similar efforts but it seemed to us that the screw entered the edge of the lead—not the centre—and they were unavailing. We discontinued our efforts, concluding, if no adverse circumstances occurred in consequence of our interference, to have a better instrument prepared and try again. The man was none the worse next day, but continued to improve, and finally concluded to risk the consequences of leaving the ball to the care of nature. He lives in Appanoose county, some sixty miles from Salem, where he has now returned, having been on a visit to this neighborhood when he received the injury.

The treatment consisted in the application of cold water till suppuration commenced, succeeded after this by tepid water; acetate of morphine from time to time to allay irritation and procure sleep, a mild aperient now and then, and chlorined water injected into the track of the bullet. He had to live on liquids for nine days, mostly butter-

milk. No hemorrhage, of any account, occurred during his convalescence.

Salem, 7th month, 22d, 1852.

ART. IV.—TURPENTINE AS A CAUSE OF TETANUS. *By Dr. Samuel Stephenson, Salem, Iowa.*

In looking over Art. 1st., July number of the Western Medico Chirurgical Journal, some circumstances within the range of my own observation were forcibly brought to my mind. I do not recollect that any of the works on Materia Medica mention the fact that spiritus Terebinthenæ will produce Tetanus in many cases. It may be through some idiosyncrasy, but that tetanic symptoms follow its use, I doubt not; and I take the liberty of submitting the following to your notice. Temperament may have much to do with this phenomena, as in the nervous and sanguine I have seen most of its ill effects; though other temperaments are subject to them.

In 1834, I was called to see a boy 4 or 5 years of age, whom the messenger said had had a fit and could not speak. I found the head drawn back, the muscles of the neck and back rigid, with other symptoms of the tetanic condition; ordered a warm bath, but found much difficulty in introducing some anti-spasmodics, the teeth being firmly clenched. Upon remaining twenty minutes in the bath, relaxation took place. He was usually a healthy child, but his mother had given him spirits turpentine for symptoms which she supposed indicated worms, which produced bloody mucus stools and strangury, followed by the tetanic symptoms.

In 1838, I saw a respectable cabinet maker, light complexion, and found the head drawn back, throat swollen, the teeth could not be separated one-fourth of an inch, and strangury. He had suffered from similar attacks, occasioned, he thought, by varnishing in sultry cloudy weather within doors. Turpentine always affected him thus. I prescribed bleeding, warm bath, and a blister to the throat with diluents, which gave quick relief. He quit the business and escaped such attacks so long as I knew him.

In 1843, a lady about 28 years, stout, full habit, and ruddy complexion, was recommended to take ten drops spirits terpentine three times daily, for a weakness in her back; the fourth day after commencing, strangury came on, with itching and stinging in the skin. The next day about noon she had a chill, followed by high fever and a co-

pious eruption; about three o'clock tetanic symptoms appeared. I saw her about five, laboring under her third spasm. The head was drawn back, the face livid, the eyes suffused, the skin hot and dry, with an erysipelatous eruption covering the entire body. The itching was intolerable. We bled the patient 12 oz.; ordered the warm bath; saturnine applications freely to the surface; mucilaginous drinks, with Pro. Chl, Hyd. et Pulv. Doveri. In two days after, the symptoms were gone.

In 1849, whilst travelling in this State, I stopped over night with a friend. About 10 o'clock, P. M., I was requested to see a neighbor's wife who was taken suddenly ill. I found the head drawn back, teeth clenched, and other symptoms of tetanus. I prescribed a warm bath, followed with Sul. Morphine. This gave relief. She had washed clothes that day, and used a preparation, Spts. Terebinth and camphor being the chief ingredients.

Several cases, varying in intensity from this cause, viz: washing with such a preparation, have fallen under my observation, which may be attributed to the inhalation of the vapor of the spirits of turpentine.

My memory serves me with two cases to which I was called in consultation; both had slight attacks of puerperal fever. Enemata of spts. Tereb. and castor oil were used, after which frequent bloody and mucus stools, with distressing tenesmus supervened. These symptoms were followed by tetanic spasms, said by the person in attendance to be puerperal convulsions, though no spasms appeared until the enemata had been repeated, in one case three and the other four times, causing much distress and burning sensation in the rectum. In these cases enemata of flax seed tea and morphine soon relieved the pain and spasm.

Would it be fair to conclude that the tetanic symptoms mentioned in Art. 1st, July number, were the result of superirritation of the mucus membrane of the bowels and urinary organs—though no strangury is mentioned—induced by the excitement of the rectum, from the enemata used, which excitement is proven by the bloody mucus stools? This appears a more satisfactory cause than the slight injury on the toe, the season being taken into consideration, and relief long delayed, simply because the remedies were not applied directly to the affected organs. Opiates given by the mouth must act slowly, and their effect in this case may have been counteracted by repeating the irritant. Thus it often happens that useful and sufficiently potent medicines are overlooked, while new and more dangerous ones are awarded credit they do not deserve.

ART. V.—UNUSUAL ORIGIN OF ARTERIES. *By Chas. R. Curtis, Student of Medicine.*

Numerous and various are the anomalies in the origin and distribution of arteries that have been recorded by Anatomists; many of them in their deviations from the normal type in the human subject, approximate very closely that of the inferior animals. The following peculiar and somewhat interesting variety in which the carotid artery of the left side took its origin from the Brachio. cephalic, was found in a subject recently dissected by myself, and as it is of somewhat rare occurrence, I have thought that a brief notice of it in your Journal might prove of interest to some of its readers.

The arteria innominata arose from the arch of the aorta at its usual point, seeming to be almost twice its natural size, indeed it appeared more like a dichotomous division of the arch than a simple branch of the principal trunk; it took its usual course in the direction of the right sterno-clavicular articulation, and at about one-half an inch from its origin, divided into the brachio. cephalic natural, and the left common carotid. The innominata natural, thence proceeded about one inch to its customary point of bifurcation where it divided as usual.—The left carotid passed obliquely to its proper position at the side of the neck, crossing the front of the trachea at a point nearly parallel with the incisura semilunaris.

In this case in operations of tracheotomy, the artery would have been comparatively safe; but should a similar case occur in which the carotid took its origin a few lines higher, its division in an unskillful or hastily performed operation, would be almost certain. The only parallel case with the preceding which I recollect having noticed, is spoken of by Dr. Jones Quain in his Elements of Anatomy. He says, "The brachio. cephalic after giving off both carotids close to its origin, has been seen to continue its course as the right subclavian artery, whilst the left vertebral occupied the second place and the left subclavian the third, as they arose from the arch." You will perceive, however, that even these cases differ in one or two very importaut respects. The vertebral artery in the case which I have described, took its usual origin from the subclavian, the left carotid arose about one inch below the origin of the right.

In the same subject, I also found the high division of the brachial into the radial and ulnar so frequently mentioned by anatomists. The bifurcation took place at about the lower margin of the pectoralis major, the radial being much larger than the ulnar.

I cannot close these few remarks more appropriately than by intro-

ducing the following beautiful passage from the pen of the celebrated Dr. Erasmus Wilson, as follows: "The varieties of arteries are interesting in the practical application of a knowledge of their principal forms to surgical operations; in their transcendental anatomy, as illustrating the normal type of distribution in animals; or in many cases, as diverticula, permitted by nature to teach her observers two important principles: first in respect to herself, that however in her means she may indulge in change, the end is never overlooked, and a limb is as surely supplied by a leash of arteries, various in their course, as by those which we are pleased to consider normal in distribution; and secondly, in regard to ourselves, that we should ever be keenly alive to what is passing beneath our observation, and ever ready in the most serious operations, to deviate from our course, and avoid—or give eyes to our knife, that it may see—the concealed dangers which it is our pride to be able to contend with and vanquish."

The above interesting anamoly is now deposited in the form of a dry preparation, in the extensive Museum of the Medical Department of the Iowa State University, where it is open to the inspection of all.

SELECTED PAPERS.

ART. VI.—Neuralgia. *By Landon Rives, M. D., of Cincinnati.*

Many authors, among them Watson and Wood, seem to consider neuralgia secondary and symptomatic, without according to it under any circumstances, an individuality in its pathology, etiology or its effects upon the system. I have for some time thought these views erroneous, and am more thoroughly convinced of their error upon observing each new case of neuralgia which comes under my treatment. I propose, therefore to consider neuralgia as a disease, and not as a symptom of disease of some proximate or remote organ, and refer its metastasis to the favorite, but vague theory of sympathy. I will also state here, that I only propose to give such description of this disease, as will enable me to point out wherein I differ from most authors in its pathology and treatment, thus avoiding much matter already familiar to the profession. That neuralgia does not only occasionally, but frequently occur as a secondary affection, and even as a symptom of diseases, as well as a sequel of others, I do not at all deny; but that it never occurs, except as a consequence or symptom of other disease, I think I am prepared to disprove, both by my own observations, and by correct medical reasoning. I am ready to admit that our knowledge of the morbid anatomy of the nervous system is lamentably deficient, and autopsies in this disease have very seldom

been had, partly because it rarely of itself proves fatal, and again, because of the general disregard of the nervous tissue below the brain, in almost all examinations after death. Since the study of microscopic anatomy has begun to make developments in the pathology of other tissues, it is to be hoped that the nerves, in a diseased condition, will receive the consideration which their importance deserves. Minute anatomy has already given us some starting points, as for instance, the difference in structure between nerves of sensation and those of motion. It will be sufficient for my purpose to state that the nerves of sensation are whitish, cineritious, and consist of tubular fibres connected together in bundles, by fibrous or cellular membrane. These and the sympathetic nerves, (which, in the ganglions, receive filaments from the sensory nerves,) are alone affected by neuralgia. The most frequent seat of uncomplicated neuralgia is in the branches of the fifth pair; the disease either being circumscribed or extended at intervals to different parts of the nerve. No physician who has ever treated facial neuralgia, can doubt that it exists without reference to any other disease. The paroxysms are distinct and periodical; during the intervals, the patient is free from any suffering. The general health is otherwise perfectly good, and only becomes secondarily affected by great intensity or duration of this disease. It is true that neuralgia does exist uncomplicated, in other situations; as in the chest, extremities, urinary bladder, and perhaps in the intestines, though I have some doubts of its occurrence in the last named situation; but with the exception of the heart, I think it rarely occurs as an uncomplicated disease in these situations.

In speaking of the character of the pain in neuralgia, Woods says, "as the pain in this disease is of every possible degree and variety of character, is generally severe, acute and more or less darting or lacerating." He also says, that "a gouty or rheumatic diathesis, strongly predisposes to neuralgic pains, and I have before expressed my conviction, that much of the neuralgia now so prevalent, is merely gout and rheumatism in the nervous form." If Wood had said that the pain in neuralgia is *always* severe, acute, and more or less darting or lacerating, he would have been more correct in regard to true neuralgia. He has also fallen into the common error, that neuralgia is more apt to exist in persons of gouty or rheumatic diathesis, and that it is only a symptom of these affections. We all know, that gout and rheumatism attacks for the most part the fibrous or condensed cellular and the ligamentous tissues. The character of the pain is very different in these affections, from the pain arising from a wounded or a diseased nerve. The pain arising from a wounded sensory nerve, we know to be acute, severe, lancinating or darting—the same that we have in neuralgia. If only the neurilemma is wounded, care being taken to avoid the filaments of the nerve itself, the pain is always of a throbbing, gnawing, persistent character, the same as in rheumatism and gout, in the nervous form, as Wood is pleased to term it, and in all cases of inflammation or irritation of the periosteum and fibrous or condensed cellular membranes. In these cases, if we consider the character of the pain in connection with the history of the case, it will be

much more correct to assign the disease to the neurilemma, than to the substance of the nerve. Certainly if the affection of this covering be intense, or continue for any length of time, the substance of the nerve will become affected, and symptoms of neuralgia may come on in a modified degree, which unless closely observed, will lead us into an erroneous diagnosis and faulty treatment. It is too often the case, that any nervous pain is called neuralgia, and treated accordingly. The difference is the character of the pain, which I have just pointed out, together with its periodicity in neuralgia, are the main guides in our diagnosis between this disease and primary or even secondary affections of the neurilemma. Again, affections of the fibrous tissues occur for the most part in persons of gouty or rheumatic diathesis, whereas neuralgia scarcely ever occurs in persons of such predispositions. We may and often do see rheumatism of the covering of the motor nerves, but it is only in the substance of the sensory nerves, that we have neuralgia. In the sympathetic system, this disease occurs in the sensory fibres. Neuralgia may also attack the posterior roots of the spinal nerves. It has been recently discovered by M. Robin, that glanglionary globules exist on these posterior roots, and are not found on the anterior or motor roots. These ganglions are supposed to modify in some way the function of these sensitive nerves, but what precise effect is produced by them is not known.—We only know the differences in function and structure between the nerves of motion, and those of sensation, and by following up this distinction, we may arrive at some more definite knowledge of the pathology of the nervous system.

It is partly for the purpose of calling the attention of the profession to these isolated facts, in regard to the structure of the nervous tissues recently developed by microscopic observers, and partly with a view of pointing out the difference between true neuralgia, and those affections of the neurilemma so often mistaken for this disease, that I am writing this essay. Our views of general pathology will be much benefitted by a more careful study of the physiology and pathology of the nervous system, than is generally bestowed on this branch of medical science.

But to return to the subject proper. I wish to impress the fact upon the profession, that when they find a throbbing, gnawing, persistent pain along the course of a motory nerve, that it results from rheumatism or some other affection of the neurilemma; that in such cases, neuralgia is a misnomer, and if treated as such, the result will be much at variance with the expectations of the physician.

What I have said of this disease, relates more especially to that form which attacks the branches of the fifth pair of nerves, where we find it more frequently than in other situations, as an uncomplicated malady.

The causes of neuralgia, are generally stated to be cold, affections of the spinal column, fatigue, strong mental emotions, excessive use of spirituous drinks, tea, coffee, or tobacco, and as a consequence of a variety of diseases of different organs of the body. Doubtless all these causes do produce the disease, but I think its etiology may be

traced much more frequently to some morbific poison, acting either directly upon the nervous system, or through the skin by absorption, or through the lungs by inhalation. It will be proper to state here that a debilitated and nervous, as well as a strong, healthful, athletic constitution, are the conditions most favorable to this affection, from this class of causes; the one being exposed but slightly to the proximate cause, receives just enough of the malarious influence, to induce this disease of the nerves, and not in sufficient quantity to develope ordinary intermittent or remittent fever—the other receives a strong impression of the noxious influence in his system, but by virtue of his constitution, resists the effect which is usual, and is only affected in a modified degree. Thus they both escape intermittent or remittent fevers, and are attacked by neuralgia—a paroxysmal and periodic disease resembling in its general characteristics, those maladies produced by miasms.

Most writers agree in adopting the anti-periodic and anodyne treatment in this disease—but some writers and practitioners, from faulty diagnosis, as I pointed out above, have confounded this disease with affections of the neurilemma, and have recommended various articles in the materia medica, which they have used empirically. Thus, iodide of potassium and colchicum have been extolled as curative agents, and it is scarcely necessary for me to point out the way in which these remedies do effect a cure, when the disease is of the fibrous tissue, and not of the nerve itself. I find no fault with this treatment when it is confined to rheumatic and some other affections of the neurilemma or fibrous tissues; but I am positive in my opinion, that such treatment will not cure or even palliate true neuralgia, as I have described it. Knowing that these remedies have a direct and peculiar influence upon the fibrous tissues, and have little or no effect upon the nerves, I argue, *a posteriori*, that the view I take of the distinction between neuralgia and *neurelemmitis* is correct.

Most practitioners use opiates to produce an anodyne effect, and in this, I think the fault usually lies in the treatment of this affection.—When opiates are used with persons of good constitution, they may effect their anodyne influence, but if administered to persons of debilitated constitution and nervous temperament, laboring under neuralgia, the excitant effect will more than counterbalance all the good which can be expected from the subsequent sedative operation of the medicine. The functional derangement in this disease is an exalted sensation—hence it is wrong to administer a medicine which excites, even in its primary action—for, although the secondary action may be the one desired, the primary excitation will irritate the diseased tissue, and render the subsequent paroxysms much more violent. A more appropriate, and in my hands a much more efficient remedy to meet this indication, is small and frequently repeated doses of extract of hyosciamus. This medicine, unfortunately, is not always kept of a good quality in the shops; hence, care should be taken to procure a good article. With a view to prevent the recurrence of the paroxysms, there can be nothing used more efficacious than quinine. It has been my good fortune to cure a number of cases of neuralgia, with sulphate

of quinine and extract of hyosciamus, given in doses of one and a half grains each, at periods of from two to four hours during the intervals of the paroxysms. It is often necessary, and I may say, generally well to premise this course, by some gentle cathartic. I have sometimes relieved the pain, and cut short the paroxysms by a pill of two grains of hyosciamus alone.

If the distinction is properly drawn between neuralgia and those affections only involving the neurilemma, and a sedative anodyne, instead of an excitant anodyne used in connection with quinine, this disease will cease to be an opprobrium to medical science, and its treatment much more satisfactory to the practitioner as well as to the patient.—*Western Lancet and Hospital Reporter.*

ART. VII.—Elimination of Poisons. *By M. F. Orfila.*—(London Lancet.)

M. F. Orfila, the professor's nephew, has read a paper before the Academy of Sciences of Paris, on the above subject. He states that a great number of Poisons, after being absorbed, mix with the products of the various secretions, as urine, perspiration, saliva, gastro-intestinal fluids. All poisons do not pass into these secretions, but the majority of them may be discovered in the urine. It is rather a remarkable fact, that arsenic and iodine do not pass into the bile. These are the only substances which have hitherto been sought in that secretion; it is, however, probable, that the same results will be obtained when other poisons are thus tried. Noxious principles are gradually expelled from the body in the manner above described—some in a short time, as arsenic and mercury; but others may be detected in the substance of the viscera, four, five, and even eight months after their introduction. The more the urine carries off a poison, the sooner will the latter be expelled from the economy. Arsenic and mercury pass into the urine so early as the seventh day after their introduction into the system, and they are quite expelled in a few days. Lead and copper are not detected in the urine, and the entire expulsion of these metals does not take place for eight months.

When a poison is absorbed, very good service may be rendered by the use of diuretics, purgatives, and diaphoretics. Still, a poison may be lodged in the economy, without our being able to suspect the fact by the analysis of the urine. As that portion of the poison which has been absorbed gradually decreases up to a certain period, it is quite impossible, and even absurd, to attempt calculating the amount of the poison which has been administered by the quantity found in the viscera, putting other sources of error out of the question, such as vomiting, loss during experiments, &c.

It is an error to suppose, that because a poison remains a long time in the system, it will continue so for an indefinite period, for when nitrate of silver is administered to dogs, the metal may be found in the liver five months afterwards, but not after seven months. It must be

supposed that the mercury, lodging so long in the viscera, becomes in some degree *tolerated* there. M. F. Orfila believes, with his uncle, that antidotes may do much good, and neutralize the action of certain poisons, even when the latter have already passed into the blood, the liver, spleen, &c., both by forming less poisonous compounds, and by giving rise to certain combinations, which are more easily eliminated.

ART. VIII.—On the Benefits that may be derived from placing Medical Substances on the Tongue instead of into the Stomach. *By Mr. Wardrop.* (London Lancet.)

In a practical science like that of Medicine, an insulated fact often forms a connecting link with other facts that had appeared equally unimportant. The medical observer does well to collect such facts, and it is one not of the least advantages of societies, that they stimulate members of the profession to record observations which might not have been deemed of sufficient importance to be brought before the public in any other channel. With such an impression, I venture, on the present occasion, to call the attention of my fellow-members to a subject which seems to be worthy of their consideration, and which has not hitherto, as far as I know, claimed much attention. There are many circumstances which might be mentioned, in order to show the influence which some medical substances have on the animal economy, when they are placed upon the surface of the tongue, these effects being caused by the absorption of the medicine, and its subsequent admixture with the mass of blood. Such phenomena are quite analagous to the effects produced by mercury or arsenic, whether these pass into the blood by the pulmonary, by the cutaneous, or by the absorbents of the alimentary canal. A gentleman, subject to what are usually called bilious headaches, had, during many years, seldom failed to obtain relief by taking sometimes two, and sometimes only one grain of calomel. He repeatedly found that there was a distinct difference in the length of time which the calomel took to relieve the headache, according as it was taken in the form of a powder put upon the tongue, or of a pill taken into the stomach. Another gentleman, who had for many years suffered from dyspepsia, and who, for some years before I saw him, was in the habit of regulating his bowels by taking a pill composed of a couple of grains of aloes with myrrh, accidentally discovered that there was a remarkable difference in the effect of the pill when swallowed or when allowed to dissolve in the mouth. When taken into the stomach, it always created a good deal of pain in the whole course of the alimentary canal, and the evacuations were irregular both in number and in quantity; but when the pill was dissolved in the mouth, no other sensible effect was ever produced than one natural evacuation. Further experience convinced me of the difference in the efficacy of medicines placed upon the tongue, or taken into the stomach, and led me to inquire into the cause, and endeavor to explain

so important a phenomena. The structure of the tongue pointed out that it possesses an abundant supply of absorbents. "The spirituous parts," observes the illustrious Haller, "more especially of vegetables, are received either into the papillæ themselves, or into the absorbing villa of the tongue, as appears from the speedy renovation of strength by liquors of this kind, even when they are not taken into the stomach." This structure satisfactorily explains how medicinal bodies, when placed upon the tongue, are absorbed and carried directly, by the absorbent vessels of that organ, into the venous circulation; whereas, when the same substances are taken into the stomach, they are necessarily mixed with the food and juices contained in the alimentary canal, so that a more lengthened period must be required to separate them, and convey them by the absorbents into the thoracic duct, and thence into the venous system. Or they may pass unchanged, as has often been observed, out of the stomach, and in this unaltered state they are evacuated along with the excretions from the alimentary canal. This remarkable effect of medicines when placed upon the tongue, is strikingly illustrated in the administration of calomel, and it will be found that placing a very small quantity of it, say the sixth or even the twelfth part of a grain, at short intervals, upon the tongue, such as every half hour, the mineral is rapidly absorbed, and ptyalism more quickly produced than by any other mode of employing the calomel. These results of medicines, I may also observe, are well known by the effects which croton-oil produces when applied to the tongue; and it is by no means improbable that the good effects of some medicines, when used in the form of lozenges, may be attributed to their absorption by the vessels of the tongue. All the circumstances regarding the difference and the effects of medicinal bodies, when conveyed to the venous system directly by the vessels of the tongue, or when they reach the blood by the more uncertain and circuitous course by the absorbents of the alimentary canal, appear to be worthy of being noticed, and may, it is not too much to hope, lead to some practical improvement in the mode of administering remedies. How far such differences will be found to result from exhibiting chloroform, the hydrocyanic acid, and the sulphates of quinine, iron, copper, and zinc, in the form of lozenges, and the advantages of using these medicines in such a manner, well merits further inquiry.

ART. IX.—Minute Doses of Morphine in the Treatment of Typhoid Fever.

The May No. for 1852 of the New York Medical Journal contains an instructive paper on the treatment of Typhus Fever, by Dr. Bennett, of Connecticut.

Dr. B. tell us he treated 20 cases of well marked Typhus without losing a single one. His practice is certainly original and peculiar to himself. Like Dr. Henry of Illinois, who gave four and five grain doses of opium in acute attacks of Dysentery, and with signal success, Dr. Bennett seems destined to put forth a plan of treatment equally at variance with the preconceived opinions of the profession.

Dr. Bennett shall speak on this subject himself. He says:

"This method consists simply in the continued repetition of minute doses of morphine in solution, at intervals of one, two, three or four hours, according to the circumstances of the case. I dissolve one grain of the sulphate of morphine in 4 or 6 ounces of water, according to the age of the subject and the intensity of the symptoms, and commence by giving the patient a teaspoonful of this solution every two hours. In the first stage of the disease, when there is much pain in the head and limbs, jactitation, wakefulness, etc., the repetition of this dose for 24 or 48 hours, has almost uniformly succeeded in controlling these symptoms, and they have given way to a degree of quiet, highly refreshing to the patient. The steady exhibition of the medicine in this manner soon produces a tendency to protracted sleep, and it may be necessary to abate the frequency of the dose, giving it every third or fourth hour only. After some days continuation of this treatment, it has been common to see the heat and dryness of the skin give way to a general perspiration, more or less profuse, and affording much relief to the patient. This has occurred a number of times during the course of the disease, in some cases the first alleviation of the symptoms being followed by an exacerbation, which again yielded to the same favorable conditions. In other instances, the disease has seemed to yield its severity almost to the first decided impression made by the exhibition of the medicine. The following case, condensed from my notes, was most striking in this respect."

We omit his cases; but they certainly bear unmistakeable proofs of genuine Typhus.

He concludes his paper as follows:

"The duration of the thirty cases treated in this manner has varied from 16 to 45 days, and the degree of the gravity of the symptoms has been very different in individual cases, although in the aggregate there has been considerable uniformity. In those cases which were protracted to four, five and six weeks, and in which delirium was a common symptom, I continued the treatment up to the period of commencing convalescence and did not in a single instance observe any untoward symptoms which could be attributed to the protracted administration of the medicine. In no case have I seen any signs of that peculiar nausea which often follows upon the exhibition of opium in the ordinary manner, and I have attributed this exemption from so unpleasant a consequence, not only to the minuteness of the dose, but also to the degree of dilution to which I submitted the morphine.

The only adjuvants to this treatment which I have employed, have been the occasional exhibition of a few grains of Dover's powder and calomel at night, in the earlier stages of the disease, before the morphine had produced a decided effect, together with now and then a laxative dose, as circumstances required at any stage of the disease.

Whether future trials of this simple method of treating typhoid fever will justify me in adopting it exclusively, is yet to be determined; but its apparent success thus far, I think, fully warrants me in giving it a further trial.

Query? Did these 30 cases recover *malgre le traitment?* C'est possible!—*N. O. Med. Jour.*

ART. X.—Nitrate of Silver in the Diarrhœa of Children.

Dr. Cenas reports in the June number of the New Orleans Medical Register, several cases of obstinate diarrhœa in children, for which he prescribed the crystalized nitrate of silver, with almost immediate beneficial effects. In the course of twenty-four hours the discharges ceased to be so frequent, and assumed a much more healthy appearance. The cases he names are undoubtedly obstinate, but all speedily yielded to the efficacy of the medicine. He gave (we quote from memory) one grain of crystalized nitrate of silver in one ounce and a half of mucilage gum Arabic; of this the little patient took teaspoonful doses every four to six hours, according to the frequency of the discharges and the intensity of suffering. He gave it by the mouth only; it was not employed by injection.—*Boston Medical and Surgical Journal.*

ART. XI.—Iodine Clysters in the Treatment of Dysentery.

Dr. Elmer believes that the great point to which practitioners have to direct their attention, is the enormous amount of organic losses consequent on the continuance of this affection; so that, according to Œsterlen, within three weeks, more than the entire blood-mass may pass away as albumen in the stools. As a means of cutting these discharges short, he strongly recommends iodine clysters; which, in recent cases, may at once arrest the progress of the disease, aud in all diminish the number of stools, and normalize their condition, whatever the individual peculiarities of the case may be. From five to ten grains of iodine, and as much iod. pot., are administered in two or three ounces of water, from two to four times a day—twice daily usually sufficing. If the rectum is too irritable to retain it, ten or fifteen drops tr. opii are to be added, and a mucilaginous vehicle substituted for water. In spite of unfavorable conditions, so constantly successful did Dr. Elmer find this remedy during an epidemic, that he believes the disease will, as a general rule, be found curable by it, if it be resorted to before the organic changes in the intestine have advanced too far, exhaustion become too considerable, or important complications set up. In some slight cases it was employed alone. Generally, a simple oily emulsion was also administered, and sometimes acetate of lead and opium.—[B. and F. Med.-Chirurg. Rev., April, 1852, from Henle's Zeitschrift, Band x. p. 238.—*Amer. Jour. of Med. Sciences.*

ART. XII.—Starch in Cutaneous Diseases.

M. Cazenave has lately employed, largely, powdered starch, pure or mixed with oxide of zinc or camphor, in various diseases of skin.—In acute eczema, impetigo, herpes, acne rosacea, after washing the parts with a weak alkaline solution, and well drying them, some of the following powder is springled, viz.: Oxide of zinc, one part; starch powder, fifteen parts. In prurigo of the axillæ, the anus, or the genitals, a quarter part of camphor is added.—[Med. Times and Gazette, May 22, 1852. from L'Union Medicale.—*Ibid.*

ABSTRACT OF PROCEEDINGS OF THE AMERICAN MEDICAL ASSOCIATION, AT ITS LATE MEETING, HELD AT RICHMOND, VIRGINIA, MAY 4TH, 1852.

The Association met in the Second Presbyterian Church, at 11 o'clock. The President, Dr. Moultrie, of S. C., in the chair.

Dr. James Beale, Chairman of the Committee of Reception, welcomed the delegates to the city of Richmond.

Dr. Haxall, Chairman of the Committee of Arrangements, read a list of the delegates who were present, and registered.

Dr. Hays, of Pa., offered the following resolution:

Resolved, That a committee of one from each State, to be selected by its delegation, be appointed to nominate suitable officers for the Association.

The resolution having been adopted, a recess of ten minutes was taken, to allow the delegation opportunity to appoint the Nominating Committee.

The Nominating Committee then reported the following gentlemen Officers of the Association for the present year:

For President—Beverly R. Welford, M. D., of Va.

For Vice Presidents—Jonathan Knight, M. D., of Conn.; James W. Thompson, M. D., of Del.; Thos. S. Simons, M. D., of S. C.; Chas. A. Pope, M. D., of Mo.

For Treasurer—D. Francis Condie, M. D., Pa.

The officers thus nominated were duly elected, and the committee requested to nominate Secretaries, and to decide upon the next place of meeting.

On motion, Drs. John L. Atlee, of Pa.; Haxall, of Va., and Eve, of Tenn., were appointed a committee to wait upon Dr. Welford, and announce his election, and conduct him to the chair. Dr. Welford having taken the chair, returned his thanks for the honor conferred upon him.

Dr. Haxall, of Va., offered the following preamble and resolution, which were unanimously adopted:

"That the American Medical Society in Paris, being so constituted that it would be entitled to representation if it existed in this country, and as it is recognized abroad as an American institution:

Resolved, That the delegates accredit to the Association by the American Medical Society in Paris, be, and are hereby invited to take seats in this body."

Dr. Paul Lajus offered the following resolution, which was adopted:

Resolved, That Dr. Brown Sequard, of Paris, be invited to occupy a seat among the delegates at the present meeting of the Association.

Dr. Isaac Hays read the Report of the Committee on Publication, and the Report of the Treasurer. They were received, and the following resolution appended to the report of the Committee of Publication were unanimously adopted:

Resolved, That the assessment for the present year be three dollars.

Resolved, That the Committee of Publication be authorized to fix the price at which the Transactions for the present year will be furnished to such of the members of the Association as shall remit the amount decided upon by the committee within a specified time, to be fixed by them. And that it shall be the duty of the said committee to issue a circular, informing the members of the terms upon which the Transactions will be furnished them.

Resolved, That the Committee be further authorized to take such measures in the disposal of the copies of the Transactions remaining after all such members are supplied, as shall comply with the terms set forth in the circular of the Committee, as they may deem expedient.

Dr. Hayward presented the report from the Committee on Prize Essays, and broke the seal of the packet containing the name of the author of the essay entitled, "*On Variations of Pitch in Percussion and Respiratory Sounds, and their application to Physical Diagnosis,*" which was deemed worthy of the prize. The author proved to be Dr. Austin Flint, of Buffalo, N. Y., to whom the prize was awarded, and the report referred to the Committee of Publication.

The Report of the Committee on the Medical Botany of the U. S. for 1850–51, from Dr. A. Clapp, Conn., was presented and referred to the Committee of Publication.

Dr. R. W. Haxall, of Va., read a short report of the progress of the Committee on the Epidemics of Virginia and North Carolina, and asked to be continued; which request was granted.

On motion of Dr. Gooch, the Editorial Corps were invited to take seats on the floor.

The Secretary stated that he had transmitted copies of the preamble and resolutions of 1850–51, relative to assimilative rank of the medical staff of the army and navy, to the several departments ordered by the resolutions, and that the Chief of the Bureau of Medicine and Surgery at Washington had approved the course recommended by the Association, in a letter which was read. Dr. Pinkney, of the Navy, asked leave to read a memorial which he had prepared to present to Congress on this subject, and which he sustained in a lengthened and forcible speech; after which Dr. Cox, of Md., offered resolutions expressive of the approval of the Association in the matter, &c., &c.,—which resolutions were referred to a special committee.

Dr. Simons, of S. C., offered the following resolutions:

Resolved, That the American Medical Association do memorialize Congress to require all vessels bringing steerage passengers over, to have a surgeon on board.

Resolved, That a committee of this Association be appointed to draw up a memorial to Congress, making such suggestions as they may deem fit as regards the importance of this measure.

The Report of the Committee upon the Constitution—being the special order—Dr. Hays, chairman of the committee, made a report. Dr. T. Y. Yardley, a member of the committee, presented a counter-

report. Much discussion ensued, and many resolutions and amendments were proposed, and withdrawn in favor of the following resolution, offered by Dr. Thomas, of Md., and amended by Dr. Stewart, of N. Y.

Resolved, That the two reports on the proposed alteration of the Constitution, be referred to a committee of three, to be appointed by the chair, with instructions to report to-morrow morning in definite and proper form, such amendment as will embrace the views set forth in the reports, and such other views as may appear to them advisable.

The resolution was adopted.

The Secretary read the following communication from the New York Academy of Medicine, which, on motion, was referred to the Publishing Committee, and ordered to be printed.

New York Academy of Medicine,
New York, April 22, 1852.

Sir:—I have the honor to transmit to you a copy of the preamble and resolutions adopted at a regular meeting of the New York Academy of Medicine, held April 21, 1852:

Whereas the Clinics, now held at the Medical College, as at present conducted, are, or may be made tributary to the private interests of the professors, at the expense of other and younger members of the profession: depriving them, by an odious monopoly, of practice and operations, and often of fees to which they are justly entitled:

Therefore Resolved, As the sense of this Academy, that to prescribe or practice upon the legitimate patients of any other physician, knowing them to be such, although done gratuitously at a Clinic, is equally unwarrantable and unprofessional, with similar interference with the patients of another in private practice; and in either case, is a violation of the code of medical ethics adopted by this body.

Resolved, That the possible perversion of these Clinics to the private emolument of those conducting them, by transferring patients to their private offices, and then exacting fees from those found able to pay, divests the Clinics of all pretext for professing to be public charities, and should be scrupulously guarded against in all our Colleges by stringent rules.

Resolved, That a copy of these resolutions be sent to the authorities of the several medical colleges in this city.

Dr. Eve, from the Committee on Nominations, recommended the following additional officers for the ensuing year:

For Secretaries—Drs. P. Claiborne Gooch, of Va., and E. L. Beadle, of N. Y.

Committee of Publication—Drs. D. F. Condie, of Pa.; Isaac Hays, of Pa.; P. C. Gouch, of Va.; E. L. Beadle, of N. Y.; Isaac Parrish, of Pa.; G. Emerson, of Pa., and G. W. Norris, of Pa.

Committee of Arrangements—Drs. F. Campbell Stewart, of N. Y.; John Watson, of N. Y.; Wm. Rockwell, of N. Y.; James R. Wood, of N. Y.; Robert Watts, jr., of N. Y.; Alfred Post, of N. Y.; John G. Adams. of N. Y.; H. D. Bulkley, of N. Y.

On motion, the Report was received, and the gentlemen named were unanimously elected Officers of the Association.

The Report of the Committee on "The Blending and Conversion of the Types of Fever," was next read by Dr. C. B. Williams, S, C., (in place of Dr. Dickinson, not present,) and referred to the Committee of Publication.

Dr. Hayward, of Mass., presented and read a Report upon the Radical Cure of Hernia, which was also referred to the Publishing Committee.

Dr. Green, of N. Y., offered the following resolutions:

Resolved, That at all future meetings of this Association, the reports of committees and all contributions on scientific subjects, occupying more than ten pages of quarto post manuscript, be accompanied each by an abstract or synopsis embracing the principal points of such report or paper, which abstract or synopsis may be read before the Association.

Resolved, That the above resolution be transmitted to the Chairman of each Committee.

The thanks of the Association were presented to the physicians and citizens of Virginia, to the Trustees of the Second Presbyterian Church, to the Committee of Arrangements, and to the Managers of the Danville Railroad Company, for their kindness and attention to its members.

The following committee was appointed to report what action this Association should take in order to procure, for distribution among the medical profession of the United States, a large edition of the Medical Statistics of the Country, as furnished by the late census, viz: Drs. Simons, of S. C.; Boyle, of D. C., and Summer, of Conn.

The following committee was appointed to report on the Relation between Climate and Pulmonary Consumption, viz: Drs. D. F. Condie, R. E. Rodgers, J. M. Smith, Moultrie, and McGuire.

On motion of Dr. Rockwell, it was

Resolved, That the committee to memorialize Congress on the subject of compelling passenger vessels to carry surgeons, be directed also to call their attention to the importance of giving to each steerage passenger a certain amount of space between decks.

The Nominating Committee reported the following Special Committees:

D. F. Condie, Philadelphia, Causes of Tubercular Disease.

James Jones, New Orleans, The Mutual Relations of Yellow and Billious Remittent Fevers.

R. S. Homes, St. Louis, Mo., Epidemic Erysipelas.

Charles D. Meigs, Philadelphia, Acute and Chronic Diseases of the Neck of the Uterus.

J. P. Jervey, Charleston, S. C., Dengue.

Daniel Drake, Cincinnati, Milk Sickness, so called.

Dr. Lopez, Mobile, Prevalence of Idiopathic Tetanus.

George B. Wood, Philadelphia, Diseases of Parasitic Origin.

R. D. Arnold, Savannah, the Physiological Peculiarities and Diseases of Negroes.

Joseph Carson, Philadelphia, Alkaloids which may be substituted for Quinia.

S. D. Gross, Louisville, Ky., Results of Surgical Operations for the Relief of Malignant Diseases.

James R. Wood, New York, Statistics of the Operation for the Removal of Stone in the Bladder.

Alexander H. Stevens, New York, Sanitory Principles applicable to the Construction of Dwellings.

G. Emerson, Philadelphia, Agency of the Refrigeration produced through upward Radiation of Heat, as an Exciting Cause of Disease.

Henry J. Bigelow, Boston, The Best Means of making Pressure in Reducible Hernia.

A. T. B. Merritt, Richmond, Cholera and its Relations to Congestive Fever; their Analogy or Identity.

Usher Parsons, Providence, R. I., Displacement of the Uterus.

H. F. Campbell, Augusta, Ga., Typhoid Fever.

Worthington Hooker, Conn., Epidemics of New England and New York.

John L. Atlee, Lancaster, Pa., Epidemics of New Jersey, Pennsylvania, Delaware and Maryland.

R. W. Haxall, Richmond, Va., Epidemics of Virginia and North Carolina.

Wm. M. Bolling, Montgomery, Ala., Epidemics of South Carolina, Georgia, Florida, and Alabama.

Edward H. Barton, New Orleans, Epidemics of Mississippi, Louisiana, Texas, and Arkansas.

Dr. Sutton, Georgetown, Ky., Epidemics of Tennessee and Kentucky.

Thos. Reyburn, St. Louis, Mo., Epidemics of Missouri, Illinois, Iowa and Wisconsin.

George Mendenhall, Cincinnati, Ohio, Epidemics of Ohio, Indiana, and Michigan.

Committee on Volunteer Communications.

Joseph M. Smith,
John A. Swett,
Willard Parker,
Gurdon Buck,
Alfred C. Post.
} all of New York.

The title of the reports on Epidemics and other special reports were read, and they referred to the Committee on Publication.

The subject of altering several important provisions of the Constitution having been presented in a majority and minority report, both submitted by different portions of a committee, to whom the subject was referred last year, claimed a considerable share of attention in the Association, and much interesting discussion ensued, in which some of the most distinguished men of our profession participated; and the

committee who were charged with condensing the subjects of both reports into one, so far as they could be made compatible with each other, presented a series of well digested propositions, which, after free discussion and some alterations, were laid on the table till next year, then to be taken up and finally acted upon. These propositions embraced the absorbing question of delegation, and presented a conservative policy, which may probably be adopted, and it is evident the Association is not yet fully prepared to exclude the schools from a representation at its meetings.

The Committee suggest that delegates shall be appointed for one year, that they shall hold their appointment from County and State Medical Societies, from chartered Medical Colleges, Hospitals, and permanent voluntary medical associations in good standing with the profession, and from the medical staffs of the army and navy. The county, district, and voluntary chartered medical societies, shall have the privilege of sending one delegate for every ten of its resident members, and one more for every additional fraction of more than one-half that number; while every State Society may send four delegates; and in those States in which County and District Societies are not generally organized, they shall be entitled to send one for every ten regular members, and one more for every additional fraction of more than half of this number. No Medical Society shall have the privilege of representation which does not require of its members an observance of the code of ethics adopted by the Association. Every chartered Medical College, acknowledging fealty to the code of ethics, having six professors, and giving a course of lectures of not less than sixteen weeks annually, requiring also of students three years' study; and hospitals, and lunatic asylums, having accommodations for one hundred patients, shall be entitled each to one delegate. The University of Virginia, in consequence of its peculiar mode of instruction and examination, was mentioned as worthy of representation, notwithstanding it does not comply, in some respects, with the terms of the proposition; but the exception in its favor is only to be continued so long as the present system of teaching shall remain in force.—*N. J. Med. Rep.*

Des Moines County Medical Society.

Agreeably to notice, a meeting of the Physicians of Des Moines was holden at Burlington, June 17, 1852, for the purpose of forming a Medical Association. A society to be called the "Des Moines County Medical Society," was organized, and the following officers chosen for the ensuing year:—J. F. Henry, President; E. Lowe, Vice President; J. T. Page, Recording Secretary; I. H. Ranch, Corresponding Secretary; I. Scarff, Treasurer.

Voted, that a notice of the organization of this Society be forwarded for publication to the "Western Medico-Chirurgical Journal."

J. T. PAGE, Secretary.

P. S.—Question propounded at the end of the proceedings. answered in our next

Ed.

EDITORIAL AND MISCELLANY.

A Treatise on Diseases of the Air Passages; comprising an inquiry into the history, pathology, causes, and treatment, of those affections of the throat, called Bronchitis, Chronic Laryngitis, Clergyman's Sore Throat, etc., etc. By Horace Green, A. M., M. D., &c. Second edition.

The author of the above work is entitled to the highest consideration of American Physicians as the discoverer of new and valuable methods of treatment in an important class of diseases, which had long baffled the most enlightened exercise of our Art. We say the *discoverer* of new methods, for although the principles involved in his treatment of diseases of the air passages, had been hinted at by Dessault Trousseau and Belloc and others, he was undoubtedly the first to reduce these principles to easy practical application and to place within the reach of his professional brethren the means by which they could realize the benefits of the practice.

The principal point in Prof. Green's treatment of Laryngeal and Bronchitic diseases, is the topical application of remedies to the affected surface. This method of treating these diseases seems to have been followed since the time of Aretœus who recommended insufflation in Angina Maligna, and in the form of vapor of different volatile matters, by inhalation, it has been recommended by numerous writers; but it was reserved for MM. Trousseau, and Belloc, as Dr. Green generously admits, to indicate a more easy and certain application of remedies to the diseased surface of the Larynx, which would be free from any risk of injury to the trachea or bronchi, and within the control of the physician. But the methods of Trousseau and Belloc, however superior to those which preceded them, have been greatly improved by the ingenuity and industry of Prof. Green. These writers applied the medicated solution to the Epiglottis and upper part of the Larynx, by means of a small round piece of sponge attached to the bent end of a rod of whalebone, or by employing a small silver syringe, having a long and curved tube. The sponge being dipped in the solution, was carried into the patient's mouth and passed to the top of the pharynx, where its presence excited an effort at deglutition, which caused the Larynx to be elevated; at this moment the sponge was brought forward to the opening of the glottis and the solution expressed into the Larynx. When the syringe was used, it was filled to

one fourth its capacity, and carried beyond the epiglottis and the solution forcibly discharged into the opening of the Larynx.

We have been thus particular in describing the methods of Trousseau and Belloc, because some Medical gentlemen in the United States have been illiberal enough to deny Dr. Green any credit for the great improvement he has made in this method of treating larygeal disease—an improvement which is so greatly superior to anything previously known, as to entitle its author to the credit of a discoverer. Several years before the publication of the works of Trousseau and Belloc in the United States, and before Dr. Green had any knowledge of the experiments instituted by these gentlemen, he was prosecuting inquiries relative to the practicability of making topical applications for the treatment of chronic diseases of the respiratory apparatus. These inquiries were commenced by patient and accurate dissections of the upper portion of the breathing organs, and such experiments and manipulations in the course of the progressing anatomical investigations, as were calculated to develope a more effectual method of application. The result of his observations convinced him that the difficulties of passing a foreign substance into the Larynx and trachea were greatly overrated, and that ordinary skill was only required to reach any portion of the mucus surface above the bifurcation of the trachea, with a properly constructed instrument. The following description of the instruments employed and the operative procedure, will show the difference between the method of Dr. G. and those already described.

"The instrument which I have always employed for making direct, medicinal applications into the cavity of the larynx, is one composed of whalebone, about ten inches in length; (with, or without the handle, as represented in the plate) curved at one end, to which is securely attached a small, round piece of fine sponge.

"The extent to which the rod is to be bent, must be varied according to circumstances; for the opening of the glottis is situated much deeper in some throats, than in others; but the curve which I have found, suited to the greatest number of cases, is one which will form the arc of one quarter of a circle, whose diameter is four inches. (See Plate VII. Fig. I.)

"The instrument being prepared, and the patient's mouth opened wide, and his tongue depressed; the sponge is dipped into the solution to be applied, and being carried over the top of the epiglottis, and on the laryngeal face of this cartilage, is suddenly pressed downwards and forwards, through the aperture of the glottis, into the laryngeal cavity.

"This operation is followed by a momentary spasm of the glottis, by which the fluid is discharged from the sponge, and is brought into immediate contact with the diseased surface.

"Every physician who has been present when this operation has been performed, (and a large number have witnessed it, from time to time,) has manfested much surprise on observing how little irritation has been produced, by the introduction of the sponge.

"If the patient, on opening his mouth, take a full inspiration, and then be directed to

breathe gently out, at the moment in which the sponge is introduced, the irritation, caused by the application, will be much less, than when this caution is not observed. The fact, indeed, has been fully established, by repeated experiments, that the introduction into the larynx, of a sponge, saturated with a solution of the crystals of nitrate of silver, of the strength of forty, fifty, or even sixty grains of the salt, to the ounce of water, does not produce, ordinarily, as much disturbance as is caused by the accidental imbibition, into this cavity, of a few drops of tea, or even of pure water."

After trying a number of substances as local applications to the Laryngeal mucus membrane, Dr. G. gave the preference unhesitatingly to Crystals of the Nitrate of Silver. Ordinarily he applies a solution of this substance of the strength of from two to four scruples to an ounce of distilled water; "When, however," he remarks, "there are found extensive ulcerations of the epiglotts or about the opening of the larynx —ulcerations which it is desirable to arrest at once, I have not hesitated to apply directly to the diseased parts, a solution of double the strength of the last named."

Although the method of treating diseases of the respiratory mucus membranes, by topical application, in the manner described, constitutes the leading idea of the work before us, it is by no means its only excellence. In the discussion of the important subjects set forth in the title, the author has displayed the most extensive and thorough knowledge of this interesting branch of practice, and the clear and simple illustrations which are brought forward in the examination of the pathology of the throat, Larynx and Bronchi, exhibit the operations of an educated and practical mind. The chapters on the fallicular diseases of the air passages, which constitute so prominent a pathological tendency in these parts, are especially valuable, and contain, in our estimation, facts and practical induction, not elsewhere to be found.

We advise every one of our readers to possess himself of this excellent work. Less than three years ago, the doctrines and practice which it inculcates were received by the author's countryman, (in the language of the British Foreign Medical Review,) "with a sneering incredulity." When it was no longer possible to dispute the efficacy of the treatment, the envious and base amongst his brethren, attempted to strip him of the merit of originality. Now, however, his practice is employed by the most eminent and enlightened of the profession in America and Europe, and the spontaneous voice of the profession, both in England and on the Continent, have assigned him a position in advance of all competitors in the recent improvements in the treatment of Laryngeal disease.

The volume is gotten up in excellent style, by George P. Putnam, 155 Broadway, New York.

AMPUTATION of the entire Lower Jaw, with Disarticulation of both Condyles. By J. M. CARNOCHAN, M. D., Professor of Principles and Operations of Surgery in the New York Medical College, Chief Surgeon to the New York Emigrants' Hospital, &c., with plates—(from the author.)

The distinguished Surgeon of the Emigrants' Hospital, who had acquired an excellent reputation by his work on congenital dislocations of the femur, has added to the high appreciation of his abilities entertained by American and European Surgeons, by the successful removal of the entire lower jaw, in a case of Necrosis. A record of this case was first made in the "New York Journal of Medicine," which record contained a claim of priority, for the operation described, as the first "Methodical proceeding," for the removal of the entire lower jaw, to be found in the annals of surgery. In a subsequent number of the New York Journal, a Dr. Blackman, who hails from the Royal Medical and Chirurgical Society of London, disputes this claim of priority, and after attempting to disprove it by several quotations from the surgical annals of the world, concludes his article by relating several cases in which he (Dr. Blackman,) had operated for Epulis and some other diseases of the jaw!

It was, perhaps, this publication that induced Prof. Carnochan to renew his investigations upon this question of priority, and to publish the subsequent paper which appeared in the New York Journal. The pamphlet before us is a republication of the first paper descriptive of the disease and the operation, with excellent illustrative plates; and also the second paper, which contains his reflections and inquiries, after the priority of his operation had been denied. We have read these papers with great pleasure, and after attentively weighing the statistics and facts which they present; as well as those set forth in the pamphlet of Dr. Blackman, we fully coincide in the following remarks of Prof. Carnochan:

"In reality, my claim to priority, which I now feel entitled to make, is based upon the positive fact that there exists no record, antecedent to my own, of an operative procedure of amputation of the entire lower jaw, performed with success upon the living body."

We have but one word to say in regard to Dr. Blackman's pamphlet. The style of discussion, is in striking contrast with that of the dignified and simple language of Prof. Carnochan. His facts are not pertinent to the subject under discussion, and the detail of his own exploits in the way of small and unsuccessful operations, however it may take the *popular* eye, will add nothing to his reputation among scientific men.

Case of Urinary Calculus, attended with peculiar Circumstances, and treated by Lithotrity. By L. A. Dugas, M. D., Prof. of Surgery in the Medical College of Georgia.

This was an interesting case, published in the Southern Medical and Surgical Journal for April, 1851, by Prof. Dugas. The facts in the case, which are of a peculiar and unusual character, challenged the credulity of a writer in the Western Journal of Medicine and Surgery, who attempted to controvert them by representing them as anatomical and physiological impossibilities. To this insinuation against the veracity of Prof. Dugas, (who was then in Europe,) one of his friends replied with much animation and ability. When Prof. D. returned home, he deemed the matter of sufficient importance to issue an extra number of his Journal, reiterating the history of the case and further replying to the criticism of "B," the Louisville writer.

We think Prof. Dugas has satisfactorily maintained his reputation for skill and veracity in every particular, and what is more, has fully exposed the motive which induced B. to impeach his professional inracity.

Inversion of the Bladder, Vesico-Vaginal Fistula, &c. By Professor R. L. Howard, Columbus, Ohio.

We have recently received a small slip, containing a brief history and detail of treatment, of a very interesting case of Inversion of the Bladder, complicating an extensive Vesico-Vaginal Fistula, which occurred in the practice of Prof. Howard, of Columbus, Ohio.

We do not remember to have met, in our Surgical reading, with a case exactly parallel to the one reported by Prof. H. ; the nearest approximation to it being the allusion of Velpeau in his section upon the general appreciation of the different methods pursued in the treatment of these lesions, to many women whom he had seen, where the "Vesico-Vaginal septune was so completely destroyed, that the bladder and vagina no longer constituted anything more than one and the same cavity, that the anterior wall of the bladder, from being no longer supported, descended down as far as the Vulva, under the appearance of a reddish colored fungus."

As we desire to publish the case hererfter, as detailed by Prof. H., we will only add, that the operative procedure adopted was ingeniously conceived and skilfully executed. Everything calculated to throw

light upon the successful management of these cases—which present numerous varieties—is valuable, and Prof. H. has done the profession a good service by this publication.

A Contribution to the Statistics of Rupture of the Urinary Bladder, with a table of 78 cases. By Stephen Smith, M. D., Assistant Surgeon to Bellevue Hospital, N. Y. (From the Author.)

This is a neatly printed pamphlet of forty-three pages, containing a tabular exhibit of a large number of the published cases of this interesting lesion, preceded by judicious and valuable remarks upon its History, Causes, Symptoms, Diagnosis, Prognosis, Pathology and Treatment. The remarks upon the Medico-legal relations of Rupture of the bladder, show the importance of this subject to the practical Surgeon, and illustrate some of the circumstances which may render an acquaintance with it essential to medical men. The pamphlet is a valuable contribution to this branch of our literature, and the author deserves the thanks of the profession for his industry in getting it up.

To the Physicians af Missouri, Illinois, Iowa and Wisconsin:

The undersigned, appointed a committee by the *American Medical Association* to report on the Epidemics of Missouri, Illinois, Iowa and Wisconsin, would respectfully call the attention of the Physicians of the above States to a Circular addressed to them by us during the past year, soliciting contributions on the local history, forms, causes, statistics, etc., etc., of the epidemic diseases of our section of the West. By a resolution passed at the late meeting of the Association, the time allotted for the preparation of our report has been extended until the next annual meeting in 1853. We would *earnestly* request and *urge* each and every member of the Medical Profession, within the above named States, to furnish us with the results of his experience in the diseases referred to, together with such observations and reflections as may be deemed appropriate to the many topics involved in our inquiry.

Contributions are requested to be forwarded as early as possible, and will be thankfully received until March 1st, 1853. Those on the Epidemics of Missouri, should be addressed to Dr. Thomas Reyburn, St. Louis, Mo.,—those on the Epidemics of Illinois, to Dr. John Evans, Chicago, Ills.,—those on the Epidemics of Iowa and Wisconsin, to Dr. John F. Sanford. Keokuk, Iowa.

THOMAS REYBURN, M. D.,
JOHN EVANS, M. D.,
JOHN F. SANFORD. M. D.,
Committee A. M. A.

July 1st, 1852.

CHLOROFORM.
PURE.

Much of the Chloroform of commerce being very impure, and its use having in some cases been attended with unpleasant consequences, we have been repeatedly urged to make some, at our Laboratory, of a quality superior to that generally for sale in this market. We would therefore inform the Medical Profession, that we have prepared an article, the purity of which can be implicitly relied on.

Nitrate of Silver

Can also be obtained from us perfectly PUREthetiskcrn,oesii crystals, manufactured at our Laboratory.

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Our Morphine having acquired a reputation superior to any other, those who have occasion to use the article, will be satisfied of its excellence by giving it a trial.

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Now so highly esteemed as a remedy in Scrofulous complaints. These articles (which it is of the greatest consequence to physicians to have of reliable quality) are, with our other preparations, offered to the notice of those desiring

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November, 1851.

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November, 1851.

ANNUAL ANNOUNCEMENT

OF THE

College of Physicians & Surgeons

OF THE

IOWA STATE UNIVERSITY,

LOCATED IN THE CITY OF KEOKUK, IOWA.

FOR THE SESSION OF 1852-3.

KEOKUK:
PRINTED AT THE DISPATCH OFFICE.
1852.

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THE IOWA STATE UNIVERSITY
Was created by an Act of the General Assembly of 1846–7, and munificently endowed by an appropriation from the General Government.

FACULTY OF MEDICINE.

J. C. HUGHES, M. D.,
Professor of General and Special Anatomy.

JOHN F. SANFORD, M. D.,
Professor of Theory and Practice of Surgery, and Dean of Faculty.

SAML. G. ARMOR, M. D.,
Professor of Theory and Practice of Medicine.

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J. E. SANBORN, M. D.,
Professor of Chemistry aud Materia Medica.

J. F. FLEMMING, M. D.,
Demonstrator of Practical Anatomy.

ANNUAL CIRCULAR.

The Board of Trustees and Medical Faculty of the Iowa State University would reiterate to the profession the flattering condition of the Medical Department of the Institution, and call the attention of the public to the largely increased facilities of successful teaching since the close of the last session.

After a career of several years under individual auspices and the encouragement and patronage of the profession of the west, the Institution was placed under the foster care of the State, and became an integral part of the Iowa State University. This connexion was established nearly two years since by an act of the Assembly, which, beside conferring other distinctions and bestowing other benefits, makes the Diploma of the Medical Department a license to practice Medicine and Surgery in Iowa. That body also, in the spirit of liberality, made an appropriation at the same time to be expended under the direction and superintendence of the President of the Board of Trustees. This evidence of the interest of a wise Legislature in the success of science was done because the share in the University Fund to which this department will be entitled was not then available, and because, too, of the necessity of prompt and efficient aid to develope this branch of our educational interests. The amount appropriated has been expended, in part, in the erection and completion of the present College edifice, and the procurement of appliances for teaching, which, added to those already accumulated, enable the Faculty to present superior inducements to Medical students, and not excelled by any other institution of the West. Among these it is proper to mention the reception, very recently from the east, of a costly, elegant and accurate acromatic microscope, numerous pathological and other specimens, together with a number of wax preparations, remarkable for their delicacy and accuracy.

Our City Hospital, whose government and care has been intrusted to the Faculty for a series of years, continues to present its peculiar advantages for clinical instruction. The indigent sick of the city, besides numerous cases from abroad coming under the attention of the resident Professors will occupy this Hospital. Our advantages in a commercial point of view — the large floating population and their condition upon landing from the crowded and illy ventilated decks of our steamers, are circumstances which contribute largely to the number found in the wards of our City Hospital.

The plan of Clinical instruction adopted by the Faculty, will be such as will realize to every student in the Institution, the fullest benefits of bedside observation. The obstacles to practical investigation which exist in most of the Hospitals in large cities, will be, as far as is compatible with proper government, entirely discarded. It will be our qjoect to bring the student more immediately in cont? t with the

patient, and establish, as far as possible, those relations, which in the sick room excite appropriate feelings of responsibiliy, and stimulate efficient efforts in behalf of the afflicted. The Wards of the Hospital communicate immediately with the College amphitheatre, where clinical lectures will be delivered upon such interesting cases of disease as may be moved from the beds without injury, at least three times every week, and all surgical operations will be performed in presence of the class.

It will be seen that some changes have occurred in the Faculty.—In the names of the new incumbents, our friends will find eminent teachers, whose connection with the Institution cannot fail to strengthen its claim to public and professional confidence.

COURSE OF INSTRUCTION.

The regular Course of Lectures in this Institution will commence on the 20th of October, and continue sixteen weeks. There will be six lectures daily on the various branches of Medical Science. The Public Introductory will be pronounced by Prof. J. C. Hughes.

GENERAL AND SPECIAL ANATOMY.

PROF. HUGHES.

This course embraces a description and demonstration of the entire structure of the human body. The Professer is abundantly supplied with plates, diagrams, models and preparations, and it is intended to teach Anatomy in a way that will impress its primary truths, and, through them, to confirm a knowledge of its more difficult parts.—Particular attention will be paid to the surgical regions, and throughout the course it will be remembered that the uses of Anatomy and the objects for which it is studied, are its application to practice.

Books of Reference—Wilson's and Cruvilier's Anatomy, Smith's and Horner's Atlas.

THEORY AND PRACTICE OF SURGERY.

PROF. SANFORD.

The lectures on Surgery will commence with the outlines of Surgical pathology, including those diseases which affect all organic tissues—as Inflammation, Scrofula, Cancer, Encephaloid and Wounds. Dislocations and Fractures will receive especial attention, and all the modern operations will be presented upon the subject—as Tenotomy, Myotomy and Anaplasty. In their proper place the details of Minor Surgery will be explained, including dressings, bandaging, &c.

Every opportunity will be improved to present to the class Clinical cases that offer for the benefit of advice, or operation, and the wards

of the Hospital being open for the class, it is hoped good opportunity may be afforded for attention to operative Surgery.

A good collection of drawings, casts and models are at the disposal of the Professor.

Books of Reference—Miller's principles of Surgery, Miller's Practice of Surgery, Liston's Surgery, and Pancoast's Operative Surgery.

THEORY AND PRACTICE OF MEDICINE.

PROF. ARMOR.

The lectures on the Theory and Practice of Medicine will be thoroughly illustrated by drawings, specimens of morbid structure, and every other available means. The most important Physiological and Pathological doctrines, as connected with the life-forces, death, sympathy, &c., will be referred to, and the subject of Idiopathic and Symptomatic fevers duly considered. Miasmatic Fevers, the endemics of the Mississippi Valley, will receive especial attention, and the principles connected with their Etiology, Semeiology, Diagnosis, Prognosis and Treatment duly enforced.

Books of Reference—Watson's, Elliotson's and Wood's Practice, William's Principles of Medicine, Stille's Pathology.

THERAPEUTICS, PHYSIOLOGY AND MICROSCOPY.

PROF. HUDSON.

The lectures on these important branches of Medical Science will include a consideration of the general laws of formation and description of individual organic systems, the doctrines connected with these being the true basis of pathological science. The Therapia of Circulation, Nutrition, Secretion and Innervation will receive attention and the principles deduced from their consideration applied as an introductory basis to the Practice of Physic. Illustrations and observations in Microscopy will from time to time be presented to the class.

Every effort will be made to convey a lively and correct impression of the condition of parts to the mind of the student, and for this purpose the Professor has obtained a full series of preparations and drawings.

Books of Reference—Carpenter's Human Physiology, Kirke's and Paget's Physiology, Pereira and Eberle's Therapeutics.

OBSTETRICS AND DISEASES OF WOMEN AND CHILDREN.

PROF. M'GUGIN.

This course will embrace a minute description of the pelvis and its uses in relation to Obstetrics, the anatomy of the soft parts, their agency in reproduction and labor, their modifications during gestation, as well as the diseases which are incident to them. The physiology of conception will be amply discussed, natural and difficult labors described, with the best modes of treatment. The whole to be illustrated with superior paintings and drawings. Diseases of Women and Children will receive especial attention.

Books of Reference—Velpeau's, Rambotham's, Churchill's and

Meig's System of Midwifery; Ashwell, Meigs, Churchill, on Diseases of Females; Condie on Children, and Churchill on Infants and Children.

CHEMISTRY AND MATERIA MEDICA.

PROF. J. E. SANBORN.

In this department it will be made a constant object to teach the elementary principles of Chemical Science, without a knowledge of which, no one can hope to understand its more intricate parts.

The rules of Chemical nomenclature, the phenomena of Caloric, Light, Electricity, and Galvanism, the properties of simples and compounds, are displayed in their most intelligible aspects. The Laboratory of the College contains abundant apparatus and material for preparing and illustrating a Chemical course; and the modifications and improvements of modern art are constantly added.

The lectures on Materia Medica will include an examination into the nature, history and uses of all articles employed medicinally. The modus operandi of Medicines, and their Therapeutic application will be explained, and the entire course will be well illustrated by drawings, specimens and dried preparations. A splendid suit of Materia Medica has been received since last session, embracing in its extensive catalogue the best and purest specimens in that department, put up and carefully sealed in English glass jars, very convenient for demonstration and a security against detoriation. This suit was purchased at considerable cost, and is perhaps the only one of the kind to be found in any of the schools of the West. The student therefore will be presented with standard medicines, so that in future he will readily distinguish the pure from the impure.

PRACTICAL ANATOMY.

J. F. FLEMMING, M. D.

We confidently say to those who are desirous of pursuing Practical Anatomy, that every facility will be afforded them, and that the arrangements made in connection with this department, are such as constantly to give them an ample supply of material for all purposes, and at as reasonable prices as any Institution in the West.

The Demonstrator will have charge of the Dissecting Room, direct the student in his course, demonstrating from day to day the different structures of the body, particularly such portions as the classes are studying, with their Surgical relations.

Examinations.—Daily examinations upon the subjects of the preceding lectures, will be instituted by each Professor. In this way it is found that the most important principles and facts, developed in their respective courses, are more effectually impressed upon their memory.

REGULATIONS FOR THE TERM OF LECTURES.

The next session will commence on the 20th of October, and continue sixteen weeks. The annual Commencement will be held, and the degrees conferred, immediately after the close of the term.

Every student will be required, within ten days after the opening of the session, to take the Matriculation ticket, and pay the regular fee.

The following are the requisitions for the Diploma:

1st. The candidate must be twenty-one years of age.

2d. He must have attended two full courses of Medical Lectures; one of which must have been delivered in the Medical Department of the Iowa State University; or evidence of three years reputable practice will be regarded as equivalent to one course.

3d. The candidate must have studied Medicine two years, under the direction of a respectable medical practitioner.

4th. He must write a Medical Thesis, either in the English, Latin, French or German languages.

5th. He must pass an examination satisfactorily to the Faculty, and pay the graduation fee in advance.

FEES, &c., &c.

The fees for a full course of Lectures amount to $60. The student may attend one or more of the courses, as he may be disposed, and pay only for the lectures for which he enters.

The fee for the Diploma is $20. The Matriculation fee is $5. The fee for admission to the dissecting rooms and demonstrations is $5.

Members of the profession from every part of the country, who are Graduates of Medicine, will, on presenting their Diploma to the Dean and paying the Marticulation fee, be admitted gratuitously to all the lectures.

Board can be obtained in the city at from $1 50 to $2 00 per week. Medical Books may be purchased at our extensive City Book Stores, on as good terms as in any Western city.

JOHN F. SANFORD, M. D.,
Dean of the Faculty.

GRADUATES

OF THE COLLEGE OF PHYSICIANS AND SURGEONS OF THE IOWA STATE UNIVERSITY.

The following gentlemen were admitted to the degree of Doctor of Medicine, at the last Annual Commencement, held in the College Buildings, Wednesday evening, February 25th, 1852:

Names.	*Residence.*	*Subject of Thesis.*
Clinton Helm,	Illinois,	Unsoundness of Mind.
Jesse Bowen,	Iowa,	Menstruation.
Julius J. Mathews,	Ohio,	Intermittent Fever.
B. F. Keables,	Illinois,	Aberations of Nutrition.
Wm. S. Linn,	"	Respiration.
Asa Morgan,	Iowa,	Management of Sick Room.
James M. Sullivan,	Missouri,	Epidemic Dysentery.

The Ad Eundem Degree was conferred upon Drs. O. B. Payne and N. B. Butler, of Illinois; and the Honorary Degree upon G. B. Miller, of Iowa.

THE

WESTERN

MEDICO-CHIRURGICAL JOURNAL.

VOL. II. KEOKUK, IOWA, SEPTEMBER, 1852. NO. 6.

ART. I—On the use of Purgatives in the Treatment of Bilious Fevers, and other Bilious Affections of the South and West.

By Saml. G. Armor, M. D., Professor of Pathology and Practice of Medicine in the Medical Department of the Iowa University.

In withholding active purgation in the treatment of a class of diseases which prevail during the hot summer and fall months, especially in the Western and Southern States, I am aware that I come in conflict with high authority; and I would not presume to question such authority but from the conviction strongly impressed upon my mind, that, as a class of remedies, they are dangerous in the treatment of what are commonly called the Bilious or Bilious Remittent Fevers of the South and West. It appears to be a common impression with many that purgatives are the *only* remedies necessary in the treatment of this class of fevers.

It is not my purpose, at present, to enquire into the pathological relations of morbid hepatic secretions, further than as connected with diseased action of the gastro-intestinal mucous membrane. The general principles of pathology and practice, however, apply to all derangements of the hepatic functions.

Although lesions of secretion are generally classified by writers on Pathology as *Primary* Elements of Disease, yet a close examination of the subject must satisfy every reflecting mind that they are mere *symptoms*, or sustain secondary relations in the order of pathological manifestations. Before the lesion of secretion takes place, must there not be either a lesion of the blood, of the circulation, of structure, or of innervation? A clear conception of this fact would, I think, throw

light on a class of diseases associated with derangement of the hepatic function, and banish from our Nosology those numerous primary and idiopathic affections which are attributed to the liver.

It must be acknowledged, however, that as an excretory and depurating organ, the liver performs an important function in the animal economy; and the *rationale* of its increased action, and consequently increased stimulation, during the hot summer and fall months, must be apparent to every one who is familiar with the relation it sustains to the respiratory function. And the very importance of its office is a sufficient reason to induce us to investigate more closely its varied pathological conditions, that we may strike out, if possible, the first link in the chain of morbid action, and thus annul a train of secondary affections resulting from the *forward* action of a morbid secretion.

The peculiar tendency of *Duodenitis* to produce functional derangement of the liver has long been recognized by observers. The distinguished physiologist, BROUSSAIS, was the first, I believe, to call attention to this subject, and although he carried his views to great extremes, yet everlasting honor is due his memory for the clearness of his expositions of diseases of the gastro-intestinal mucous membrane. It is true that, so far as relates to the duodenal mucous membrane, different explanations have been given of the jaundice which so frequently follows. It has been supposed that a swollen condition of the mucous membrane extending into the *ductus communis choledochus*, gives rise to mechanical obstruction to the flow of bile from the gall duct; and although in many instances this explanation may be the true one, yet the fact that we may have jaundice without closure of the common duct, is adverse to the universality of this explanation. We are led to infer, therefore, that the elements of the coloring matter of bile exist in the blood in health, and that other causes may impair or entirely suspend the secretory function of the liver; thus permitting the coloring matter to accumulate in the blood. In cases of this kind, with the usual manifestations of a nicterode appearance of the eyes and skin, and white or clay colored fecal evacuations, we do not often have very marked tenderness over the region of the duodenum.

The question may arise, then—What is the morbid agency which gives rise to increased, suspended, or perverted action of the liver? The answer to this would show that the causes are various, although all agreeing, perhaps, in many essential particulars.

First, congestion from intropulsion of blood, whether from the cold stage of an intermittent fever, or from protracted cold to the surface, will give rise to it. The result of the congestion from any cause, wheth-

er active or passive, is the lowering of the vital properties of the gland, and a consequent suspension or perversion of secretion. Again, perverted secretion may result from a primary diseased condition of the blood itself. Or, lastly, we may adopt the explanation of Bichat—"that between a secreting organ and the surface upon which its excreting duct opens, there is a sympathy by which a stimulus applied to the latter is communicated to the former." As applied to the liver, I should have enumerated this as *first* in the order of causes, because most important. The illustration of this law is very manifest. We have a familiar one in the effects of food, tobacco, or other stimulating substances taken into the mouth. A copious secretion from the salivary glands is the result. We have no explanation of this but that based on the influence of the sympathetic system of nerves over organic functions, and, as applied to secretory organs, we have abundant evidence of this influence. Mental emotions, also, such as anger, anxiety, fear and terror, very sensibly affect the secretion of glands. And so great is this perverted nervous influence, that it frequently affects in a very marked degree, the *quality* as well as quantity of the secretion. Instances are on record, apparently well authenticated, of the secretion of the liver being rendered so acrid by violent emotions of anger, that at the moment of ejection it irritated the mouth, fauces, and orifice of the anus. And the instance related in Carpenter's Physiology—of the violent combat between the soldier and the Carpenter, whose wife was nursing a young infant—very forcibly illustrates the effect of passion in changing the secretion of the mammary gland. In our pathological reasonings we do not, perhaps, duly appreciate the influence which the great sympathetic system of nerves exercises over secreting structures.

These remarks are introduced for the purpose of showing that disordered hepatic secretion is a *secondary* condition, to be removed only by removing the cause. Hence, in a practical point of view, the very important inquiry as to the nature of the cause.

But if from any cause—general or local, inflammatory or irritative, there is an interruption of the accustomed actions of a secreting organ, congestion of its vessels follows. As applied to the liver, diminished secretion of bile gives rise to a congestive state of the vena portarum and its branches; and, in some cases, to a similar state in those organs whose venous system is associated with that of the liver.

This organ, like all others, may be the seat of congestion, of inflammation, or of both. In speaking of congestion of the liver, I allude to a condition essentially different from inflammation of that or-

gan. In acute inflammation it is, mainly, the arterial action of the organ that is excited, and the congestion is arterial; whilst in venous congestion of the liver, consequent upon an interruption in its secretory action, the arterial system of the liver is necessarily but little, if at all affected; the congestive state of that organ being, in all probability, limited to the vena portarum and its branches. But from the peculiar vascular structure of the liver, while arterial determination must necessarily be followed by venous congestion, it can in no instance, as in other structures, contribute towards the relief of that condition.

If my premises then be correct, why do we administer cathartics for the relief of biliary derangement? I am aware that it is argued, theoretically, that the serous exhalation from the intestinal canal, caused by the action of a cathartic, unloads the vessels of the liver, and thereby restores its healthy circulation; and this argument might have weight were it not for the counteracting influence of irritation caused by the operation of the remedy. But this element of evil, I doubt not, more than over balances all the benefit derived from the depletion. In many instances the manifestations of biliary derangement are produced by irritation and phlegmasia of the mucous membrane; and it is very evident that this condition would only be exasperated by purgatives. An increased irritation is communicated to the parenchima of the liver, and whatever be the intensity of the phenomena attributed to the bile, *calmness is generally re-established as soon as there is a cessation of the local phlegmasia.* I regard this as an established fact in pathology, of the highest importance.

In our ordinary Bilious Fevers, therefore, accompanied as they generally are, with irritation of the stomach and bowels, I would abstain from the use of cathartics as calculated to aggravate the symptoms of biliary derangement, and increase all the phenomena of the disease. I would not be understood, however, as entirely excluding alvine evacuents in the treatment of these fevers. Their operation is sometimes doubtless attended with benefits. The acrid secretion may be a greater source of irritation, forward upon the mucous membrane, and backward upon the gland secreting it, than would be the effect of a laxative to remove it. But it would be with this view mainly, that I would administer them. The other fact—namely, that the tendency of cathartics is to increase the phlogosis of the mucous membrane, and that this condition is, through sympathy and direct continuity of structure, communicated to the liver, should ever be borne in mind.

But if their effect be to indirectly at least stimulate the liver, our

deduction may be regarded as illogical. The question may be asked, Is this not the great object to be effected? Grant that it is, to say the least of it, a desirable object, and still it by no means follows that this entire and hepatic excitement will be promotive of biliary secretion. Is not, indeed, the converse of it true? Yet there may be a possibility that the secretory action of the liver is suspended from want of the normal sensibility of the duodenal mucous surface. The chyle, which is the natural stimulus of this surface, may, as a consequence, fail to communicate its stimulatory impression to the liver, and a sort of torpor or paralysis of this organ may be the result. This condition is generally manifested by the clay colored or white discharges from the bowels, unaccompanied by hyperœmia and tenderness.—If we are able to diagnose this condition, then purgatives, especially the *mercurial* ones, may be admissible; although even in this case broken doses of calomel, short of purgation, would be the better practice.

But is it true that the class of cases under consideration these are the manifestations? Is not, indeed, the very opposite condition generally present, such as local tenderness, irritability of the stomach, and dark discharges, indicating morbid sensibility and hyperœmia of the mucous membrane to the point of effusion of the morbid and fluid elements of the blood?

Shall we, then, in this condition, administer cathartics? Many reasons forbid. I will be content with enumerating a few.

1st. As a general and valuable therapeutical principle we should never resort to medicinal agents when nature is doing her proper work.

2nd. Cathartics will, in all probability, increase the very difficulty, which nature is endeavoring to overcome, by adding irritation and determination to the congestion already existing.

3rd. Protracted congestion of the liver, by daming back the venous circulation of the abdomen, may give rise to formidable disease of the intestinal mucous membrane. And, lastly, there is no indication as a general proposition, for their use, as evinced by the color and character of the discharges from the bowels; dark discharges characterising hyperœmia and effusion, positively contra-indicating their use.

I might add that experience abundantly demonstrates not only the inutility, but the positive injury following the use of active and repeated purgation in the treatment of the Miasmatic fevers of the Mississippi Valley. I doubt not but that hundreds have fallen victims to erroneous views on this subject propagated by Hamilton in his work on Purgatives.

I have alluded more especially to the use of cathartics in the treatment of ordinary Bilious Fevers, as they are generally termed, and have called attention to but one pathological feature of the disease.—In so doing, I would not be understood as referring all the pheonmena of Bilious fever to derangement of the biliary organs; nor to gastritis, or gastro-enteritis as the cause; although this is undoubtedly a frequent and formidable superaddition to the general fever.

The effect of cathartics is also bad on the *gastric* mucous membrane, and consequently on the functions of the stomach; and it is only necessary to reflect on the importance of the perfect action of the digestive apparatus to a maintenance of a healthy condition of the entire system, to be convinced of the multiplied variety of secondary disturbances which may result from derangement of the primary action in the series of animal functions. It is indeed the "golden bowl at the fountain," the "wheel at the cistern,"—and if its functions be perverted, disturbance is, of a physical necessity, propagated remotely through the system. Strike upon the first link of the chain of sympathies, and vibration runs through its whole extension. Hence the varied course which derangement of function may pursue, and hence the difference of character which disease may ultimately assume. If this thought were more rigorously pursued in all our investigations at the bed side, the result would doubtless be a more rational and simple practice. Medicine has too often and long been engaged, and too often worsted, in the contest with affections of an idiopathic and independent character, which were the *secondary*, or perhaps more remote result of pathological derangement; and in no instance, perhaps, have we a more striking illustration of this than in diseases of the gastro-intestinal mucous membrane.

ART. II.—Biographical Sketch of Nichols Hard, M. D., Late Prof. of Obstetrics in the Indiana Medical College, and Prof. of Anatomy in the Iowa State University. *By Orpheus Everts, M. D.*

When a great man falls in death, the philosopher observes nothing more wonderful in the phenomenon than when a worm expires. He recognizes only the operation of immutable laws, grand and harmonious in themselves, and in the event alike he acknowledges the act of the Inscrutable.

Though the one has lived but a day, and the other three score years,

the design of their creation has been accomplished, or cut short by the violation of imperative decrees from the lips of despotic nature, who alone in her government, cannot be overthrown—whose constitution, will bear no compromise or amendments.

But the impression made upon the human soul, how different! The worm, unnoticed, mingles with the dust and hungry air, and feeds, with tiny particles, the grass beneath the shade of which it lived obscure; whilst man, whose active form is nothing more, whose—

> Atoms are material and must serve again,
> The purposes of God in his great work,

sends forth an influence beyond his death, corresponding with the greatness of his deeds, the goodness of his heart, the virtues of his life, and the exaltation of his soul. He demands and receives tribute everywhere among the sons of men, which alone should constitute his monument, as these alone perpetuate his memory.

Nichols Hard, M. D., was born in Burton, Ontario County, N. Y., on the 4th day of July, A. D., 1818. His father, Peter Nichols Hard, a farmer by occupation, enjoying but limited means, soon after moved to Geneva, in the same State, where for a short time Nichols was first sent to school. His pupilage here must have been very brief, however, as, at the age of six years, his father again moved with his family to the town of Mt. Morris, in Livingston County, and settled on an Indian Reservation on the Gennessee river. At that period in the history of western New York, the facilities for acquiring an education at home were of a very unpretending character, but were the best and only ones which the circumstances of the family could afford, however anxious for the welfare and promotion of the son.

At this early period in the history of the boy, the indications of intellectual superiority were as unmistakeably manifested as in after life, and he is represented as being "very fond of books, leaving his school mates entirely in the rear." The buds of genius were also beginning to show themselves, springing forth in beauty from the native and uncultivated soil, bearing promise of luxuriant bloom.

At the age of twelve years, he composed several pieces of poetry for publication, which were noticed with commendation by the publishers. These effusions were inspired doubtless by the wild forest scenes with which he became familiar, and in which he took delight; an inspiration, coming as it does from the unsullied breath of nature, which never fails to expand the intellect and enrich the imagination with the noblest, best and purest thoughts.

Here, too, he became acquainted with the character and habits of

the Aborigines, which afterwards showed itself in several tales, creditable to the author; and many an hour of his boyish days were spent delightfully, no doubt, in the cabin of Mary Jemison, the "white woman" so celebrated in the local history of New York, and of the Revolution, who had been taken captive and reared by the Indians. These hours were spent in listening to a recital of her sufferings and hardships, of her endurance, and the many scraps of history which her tales alone have authenticated to the world.

In 1833 Nichols left home and spent a year at school at New Lisbon, in Otsego County, N. Y. During this time, his father moved to Unadilla, Livingston County, Michigan, where Nichols followed him, and pursued his studies privately. At the same time he indulged his love of nature, her great books and laboratory never escaped his gaze and admiration, or failed to reward him for his devotion with useful lore.—Even whilst mingling in the chase, the wild excitement of which, as they sped o'er hill and deep ravine—through the "damp black forest," "rustling and shaggy over head," filled his mind with useful meditations, he displayed his superiority over the less gifted ones, who in their sports still could not excel him.

Of a restless, active temperament by nature, as years matured his mind and organization, the consciousness of his own superior abilities, the moving principle in all great men, urged him to the determination of entering the learned professions, at whatever expense of time and labor, (for money he had none) and fortunately for us, and for the world, his choice fell upon that of Medicine, in which he has shown himself an ornament, and of which he proved himself a master.

How much influence this choice of profession, and the consequent course of study which it embraced, had upon the formation of his character, and the development of his intellectual powers, is a question which could only be tested by an experiment which nature has forbidden man, but which is worthy of the most serious consideration of those who are entering the fields of professional acquirement.

But there can be no doubt, however controverted by the thousand and one living witnesses who pretend to have accomplished it, but who belie their professions by their every day conduct, and the result of their practice, that the science of Medicine when pursued with honesty and energy, ennobles and expands the intellect and feelings of its students more than any and all other human professions, embracing as it does in its unlimited field of necessary observation and research, the whole range of natural science and history known to others, as well as those peculiar to itself, viz: the laws of life and death—the mechan-

ism of man—the prevention and cure of disease—the wonderful and harmonious *whole* of nature, the slightest revelations of which are mysteries and miracles to the uninstructed.

The resolution was no sooner formed, than with the promptness and impatience of delay natural to his temperament, he made arrangements and commenced the study of Medicine in the office of Dr. Amos Gray, of Dexter, Michigan. He remained in Dr. Gray's office until the spring of 1837 when he was called home by the sudden death of his father, (who was drowned in attempting to cross a small though much swollen stream, on horseback, in the night,) and remained with the family during the summer. Returning to Dexter in the fall he taught school during the winter, and resumed his studies again in the spring with Dr. Gray.

Here he remained until October, when he started out on a tour as a Phrenologist, (a calling at that time much in vogue, and followed by some men of superior intellect and qualification) travelling and lecturing through the State of Ohio. During this trip he kept a journal, which opens with the state of finances when he started—"Loaned $5 of ———;" and with varied incidents of success and disappointments, and notes by the way, chronicles his arrival in the city of Cincinnati on the 10th of April, 1839. His fortunes as a phrenologist left him but little time for rest, and on the 15th of April he engaged the Apothecary establishment of R. Mulford, where he remained until August.

Leaving Cincinnati, he spent two or three months in travelling—and returned again in time to matriculate and commence with the course of lectures in the Medical College of Ohio.

During the winter he was a constant attendant and an active member of the Medical Lyceum, where he laid the foundation of his ability for oral instruction which afterwards distinguished him from many of his colleagues. He read an essay on sleep before the society, and at a public meeting at the close, was chosen to deliver the address, which he did with marked ability, on the "Present and prospective state of Medicine." After the close of the session, he commenced the practice of Medicine with Dr. W. Mulford, of Cincinnati; attended the second course of lectures, and graduated Doctor of Medicine. March 2, 1841.

I find a note in his private journal after recording the event, which is every way worthy of the man and the profession, and exhibits the spirit and desire of his heart beyond a question. Would that every

graduate of our schools might record the same in sincerity, and the aspiration be obtained as it was by him.

"May the Lord help me to sustain the dignity of this title, may it not in my hands be depreciated, but rather be adorned and embellished." His prayer was answered.

After graduating he spent a few weeks travelling. Visited New Orleans and intermediate points, and returned to Michigan, to locate in Black Rock, in the practice of his profession. Dissatisfied with Black Rock, he abandoned it for Howel, the county seat of Livingston County, where he became associated with Dr. Charles A. Jeffries.

In the fall of 1842, the enterprise of a Medical College in northern Illinois, had been occupying the minds of several prominent physicians, who, looking over the ground unoccupied from Cleveland to St. Louis, save a feeble organization of the Illinois College at Jacksonville, were fully impressed with the propriety and expediency of the design, and soon organized under an old charter the "Franklin Medical College," located at St. Charles, a flourishing inland town on the Fox River, thirty miles west of Chicago. Dr. Hard through a friend and former classmate, Prof. E. Mead, M. D., was invited to lecture on Obstetrics, &c., in the new school, which invitation he accepted; spent the winter of 42-3 in St. Charles, gave a course of 84 lectures to a class of some 18 young men, and several public addresses to the citizens, which were received with the greatest satisfaction by the class, the people and his associates, and gave ample evidence of his ability to teach.

In the spring of 1843, he received the appointment of Professor, and returned to Michigan, where he was married to Miss E. M. Farnsworth, a lady whose capacities and tastes were in every respect adapted to his mind and temperament—and in June following with his wife took up his residence in St. Charles, Ill.; associated in the practice of his profession with G. W. Richards, M. D., his colleague and Prof. of Anatomy, the prime mover in the enterprise.

Contemporary with the Franklin Medical College, actuated by the same motives, was organized a Faculty of Medicine in the La Porte University, (Indiana Medical College,) located at La Porte, Indiana; which also gave a course of Lectures to a small class in the winter of 42-3.

With these, but with more wisdom in the choice of location, if not of talent in the faculty, in the fall of 1843, was announced to the world the birth of the Rush Medical College, at Chicago; making three Medical Schools within an area of 100 miles, in a thinly populated dis-

trict of the far west. These, of course, could not all be sustained, however laudable the purpose; and disgraceful as it is to the profession, brought about a state of feeling among the really great physicians of the north-west which ever attends a system of rivalry and exclusiveness, the effects of which are never lost or forgotten.

Owing to the defection of some of the Professors, the Franklin School was the first to fall. The second course of lectures was not given. The Professors acknowledged it a failure and the students repaired to Chicago. It now became no difficult matter to predict which of the remaining schools should flourish; as the Rush was located in a young city, unrivalled in her growth and importance of position, yearly developing herself as if by magic, and following the beckoning hand of destiny on to greatness and renown.

La Porte, like St. Charles, was but an inland town, with nothing to recommend or give importance save its own intrinsic beauty of locality and a fertile lovely country around about.

After the failure of the "Franklin," propositions were early made by the soul of the Rush Faculty, Prof. Brainard, to unite the two remaining schools into one, at Chicago, setting forth truly the advantages of a city location, Hospital privileges, &c., and the almost inevitable failure of a country school in such proximity.

The proposition was made to, and accepted by, Prof. D. Meeker, of La Porte, and an understanding, on the part of Meeker at least, that himself and a friend, whom he had induced to give a course of Lectures at La Porte—Dr. Fitch, now member of Congress from Logansport, Indiana, should occupy Chairs in the Rush Faculty.

On the strength of this, no announcement was issued by the La Porte Faculty. The College building was sold during the summer, and the affair to all intents and purposes abandoned. But to the surprise of the very man who had made the negotiation with Dr. Brainard, when the 'Rush' Circular appeared, his name was not mentioned, and Dr. Fitch alone appeared in the Faculty.

Unwilling to yield to such treatment, and apparent treachery on the part of Dr. B., with an energy characteristic of the man, he set about a new organization of the Indiana School, and taking advantage of the dismembered faculty of the 'Franklin,' soon accomplished his purpose.

Dr. Hard accepted the Chair of Obstetrics, and with an accumulated zeal and ambition, resumed the labors of a teacher.

The popularity of Profs. Hard and Richards drew a large share of Students from the Fox River valley and the west, through Chicago to La Porte. A new, commodious and expensive building was erected,

and for several sessions the classes of the Indiana School excelled or rivaled those of the 'Rush,' and the problem of failure was for a time suspended.

In the fall of '48, two other schools sprung up—one at Indianapolis, Indiana, the other at Rock Island on the Mississippi, which finally determined the point.

Prof. Hard retained his position at La Porte, however, until '49–'50, the last course given in that School, when it was determined by mutual consent to abandon it altogether.

His reputation as a teacher had increased with each succeeding session, and the many young men now scattered over the west, who listened to his instructions, will retain a pleasing and useful memory of the man and his precepts during their whole lives, and respond, affectionately, to the highest sentiment of awarded merit.

The Mississippi College, located first at Rock Island, was subsequently adopted by the University of the State of Iowa, as its Medical Department, and removed to the City of Keokuk, where ample buildings were erected, an Hospital established and furnished, and extensive appliances provided by the State, placing the School upon an honorable and permanent basis, with all the advantages claimed by her rivals.

Eager to procure the best talent of the country, the Regents of the University were not long in soliciting the services of Prof. Hard, who accepted the Chair of Anatomy, which was his favorite branch—notwithstanding his experience, ability, and popularity as a teacher of Midwifery—which post he occupied at the time of his decease.

Prof. Hard had been long in the habit of applying himself to the study of Practical Anatomy at home, giving private courses of lectures to young men, from his own dissections; making himself a master of Anatomy and the knife, and accomplishing himself as an operative Surgeon, of which he was ambitious, and eminently successful.

During his short career, in the midst of a laborious country practice, and limited means, he succeeded in collecting a large variety of specimens in comparative as well as of human Anatomy, prepared with his own hands. Pathological specimens embracing some curious "monstrosities," and quite an extensive geological and mineralogical cabinet, monuments of his industry and intellectual taste.

In his private capacity—after his family, to whom he was endeared by domestic virtues of the highest order, connubial and parental ties of an ardent and endearing character—his "first-love" was his profession, the honors of which were his aspirations; these he ever defended and upheld with a devotion which amounted almost to exclusiveness, and made him a 'terror' to all Quacks, of whatever stamp or family.

In fact, with his natural strength and vigor of mind, his ardent temperament and his love for *the truth* in science, his contempt and hatred for pretensions and impostures in the profession of medicine particularly, led him, if possible, too far in his denunciations; so much so as to affect his private interest and makes enemies of the ignorant and credulous, who are forever listening to the boasts. and are carried away by the assumptions of the artful impostor, but who inwardly, if not too far derided or abused, after a sad experience, will return to the fountain of merit to be healed.

Dr. Hard, during his professional life, was a close and untiring student, and though constantly engaged in an extensive practice, attended with labor and fatigue that would dampen the fire of intellectual ambition of an ordinary man, kept himself in possession of all the accumulating facts and improvements in his profession, and familiar with every new truth or plausible suggestion, added to the vast stores of medical knowledge by the onward progress of the sciences, and the bold advances of liberal thought. Nor were his labors alone confined to his profession; he took a deep interest in the affairs of his country, and though not to the neglect of his calling, as is too often the case, was active in politics, in which he exhibited a noble heart by the liberality of his sentiments, and unconquerable aversion to the unjust oppressions of individuals, corporations or governments, in whatever field of exercise it might be found operating. Of a high moral organization of mind, he had a keen appetite for religious truths, but exhibited the same disposition in regard to Theology as in other matters. He did not recognise the Authority of the Church under any form as a spiritual guide, but believed that a man's character and conduct were the test of his religion. He received the Bible as a helper, not the "Master of the Soul," and died in the full faith of the continued existence of the spiritual man, progressing onward unchanged in identity of person, but growing in its capacity and character forever.

He had read with great interest many of the works of Swedenbourg, and other spiritual Philosophers, and though not a firm believer in any entire system, seemed satisfied with many of their principles, upon which he had founded his faith and hope.

Upright in his conduct and conversation, generous in his feelings, and noble in his sentiments, ambitions and desires; untiring in his search for truth; starting from an eminence above the most of men, if his thoughts of spirit destiny were truths, his position in that wondrous world is an enviable one, and we of meaner rank may hope in vain to overtake his spirit in its flight through realms to us the shadowy and unknown—to him, we hope, the blessed and real.

He died of acute Dysentery at his residence in Aurora, Kane county, Illinois, surrounded by his family and friends; quitting the world in peace without a struggle or a groan, sensible to the last few breathing moments left, and conscious of the change so quietly stealing o'er him.

His body lies beside a daughter and a son, on his own estate in the village of Aurora, marked by a beautiful white stone, with the following inscription:

NICHOLS HARD, M. D.,

BORNE INTO THE SPIRITUAL WORLD,

October 16th, A. D. 1851.

ÆT 33 YEARS.

DIED AS HE LIVED,

A

PHILOSOPHER.

Prof. H. left a wife, and family of three children, two daughters and a son, the last of whom it was his dying request, should be educated a Physician.

May he follow in the footsteps of his lamented sire, and prove an ornament to the profession, and the name.

ART. III—Acephalous Male Fœtus. *By W. Danforth, M. D.*, of Oswego, Illinois.

The main peculiarity in the case was the difficulty of determining the pregnancy of the mother.

Mrs. S. G., aet. 30, of previous good health, has had five children; consulted me early in the spring of '52, respecting the absence of her catamenia. She had already consulted two medical men, who pronounced her not pregnant. Not being satisfied, she applied to me for advice. She told me (with the exception of the absence of catamenia) she had no symptoms that she had before experienced. She complained of constant pain in the right side; abdomen raised as to size greatly from day to day, sometimes being enormously distended. There was no enlargement of the waist; bowels obstinately costive. She consulted me again and again; when on examination I found there was no placental murmur, or fœtal pulsations, that could be detected, and it was only after a careful vaginal examination that her condition could with accuracy be determined. During the last ten weeks she could get no rest day or night. The case gave rise to con-

trary opinions as to the pregnancy, and was of uncommon interest to the friends. At delivery, an unusually large quantity of Liq amnii escaped, while she was sitting at tea. The fœtus presented by the shoulders and was speedily delivered. Its weight was six pounds; there was a fleshy eminence upon the shoulders, but no head; it bore a strong resemblance to a certain bull-frog the mother had seen early in the spring, and to which she attributed its malformation; the spine was bifid as far as the lumber vertebra.

SELECTED PAPERS.

ART. IV—On the Influence exerted by Chronic Diseases upon the Composition of the Blood. *By MM. Becquerel and Rodier.*

The following are the conclusions of a paper recently read at the *Academie des Sciences*, detailing the results of MM. Becquerel and Rodier's latest hæmatological researches—1. The majority of chronic diseases and various anti-hygienic circumstances induce an increase or diminution in the three principal elements of the blood—the globules, the fibrine, and the albumen, and this either separately or simultaneously—2. The globules undergo diminution in the course of most chronic diseases of long duration, and especially in organic diseases of the heart, the chronic form of Bright's disease, chlorosis, marsh cachexia, hæmorrhages, hæmorrhoidal flux, excessive blood letting, the last stages of tubercular disease, and the cancerous diathesis. The same result is observed in those whose food is not sufficient in quantity or reparative power, or who are exposed to insufficient aeration, humidity, darkness, &c.—3. The albumen of the serum of the blood is diminished in quantity in the third stage of heart diseases.great symptomatic anæmia, the cancerous diathesis, and insufficient alimentation —4. The fibrine is maintained at its normal proportion, and sometimes increased in acute scorbutus. It is diminished in chronic scorbutus, as also in the scorbutic condition symptomatic of certain chronic diseases, which is most often and most markedly observed in organic diseases of the heart.—5. In all the above mentioned circumstances, the quantity of water contained in the blood becomes very considerably increased.—6. A dimunition of the proportion of globules is especially accompanied by the following phenomena: a colorless state of the skin, palpitations, dyspnœa, a *bruit de soufflet* heard at the base of the heart during its first sound, and intermittent *bruit de soufflet* in the carotids, and a continuous *bruit* in the jugulars.—7. The dimunition of the proportion of albumen, even though not very considerable, when it takes place in an acute manner, rapidly gives rise to the production of dropsy, but it requires to be much more considerable when not appearing in the acute form. Considered in a general manner, dropsy

is the symptom characteristic of a diminished proportion of the albumen of the blood.—8. A diminished proportion of fibrine is manifested by the production of cutaneous or mucous hæmorrhages.—9. In anæmia symptomatic of considerable hæmorrage or insufficient alimentation, the change in the blood is characterized by a diminution of its density, an increase of the water, diminution of globules, a maintenance of the normal proportion or sometimes a slight diminution of the albumen, and a normal proportion of fibrine.—10. In chlorosis, which is an entirely distinct affection from anæmia, there may be no changes in the blood whatever. When such are present, they consist in a diminution of the proportion of globules, an increase of that of the water, and the normal quantity of an increase of the fibrine.—11. In the acute form of Bright's disease the fibrine continues normal, and the albumen is diminished. In the chronic form there is a diminution of globules and albumen, and sometimes of fibrine.—12. Most of the dropsies regarded as essential depend upon a diminution of the proportion of albumen; and usually originate in a material cause, consisting in a degeneration of the solid or fluid parts of the economy.—13. In diseases of the heart the blood becomes more and more changed, as they approach the fatal termination. The changes consist in the simultaneous diminution of globules, fibrine, and albumen, and an increase of water.—14. In acute scorbutus, the principles of the blood do not undergo any appreciable modification. In the chronic form the fibrine is notably diminished, while the globules are sometimes considerably increased. In both forms the increase of the proportion of the soda of the blood explains all the circumstances; but it has not yet been demonstrated.—15. The above modifications should influence our therapeutical management of these different morbid conditions, as each element of the blood is susceptible of special modification. Thus, when the proportion of albumen is diminished, we prescribe cinchona, and a tonic strengthening diet. A diminution of fibrine and an increase of the soda of the blood are to be met by good diet, vegetable acids, and appropriate hygiene; and by a hygienic measure and the exhibition of iron, we combat the diminution of globules.—*L'Union Medicale*, No. 66.

ART. V.—New Mode of Reducing Strangulated Hernia.

Dr. Wise makes the following interesting communication in a letter addressed to Prof. Syme:

"The following are the particulars I promised to send you, regarding a new method of reducing strangulated hernia. While I had charge of an hospital in India, an elderly man was brought to it with a strangulated inguinal hernia. After in vain employing the usual means of reduction, I was preparing to liberate the gut with the knife, when a Mussulman gentleman suggested that the following method should be first tried, as he had seen it successful. As it appeared most simple and effective, I at once proceeded to try it. The patient

was placed upon a table, and a long sheet, folded several times on itself, was carried around the lower part of the abdomen of the patient, was twisted on itself in front, and again on the sides, so as to enable an assistant, standing on each side of the patient, to hold the extremities of the sheet, and to pull them gently upwards, or towards the patient's head, while a third assistant held the feet steady, and the surgeon used the taxis.

"As the gut immediately above the strangulated portion was superficial and distended with air and liquid, it was drawn upward with considerable force from the hernial sac, which was reduced by the surgeon using the taxis; when the strangulated portion was immediately reduced.

"This simple method may, in a very large portion of cases, be employed with perfect safety and at an early period, before inflammation and thickening has complicated and increased so much the danger of the operation, which is thus rendered unnecessary."—*Med. Ex.*

ART. VI.—Relation Between Physicians and Apothecaries.

The report below from a Committee of the Philadelphia College of Pharmacy, prefaced by excellent remarks of the Editor of the Western Lancet, we recommend to the attention of our readers:

In a former number of this journal, we took occasion to allude to the importance of a proper understanding between physicians and apothecaries. These two occupations should be kept quite distinct, while at the same time a good understanding ought to exist between persons pursuing them. No physician is true to the interest of his profession and the public, unless he deal fairly and candidly with the apothecary, and give his patronage only to those known to be qualified, and then not to make invidious distinctions among this class. On the other hand, every apothecary should be well qualified, and of proper disposition towards practitioners of medicine, and without officiousness in meddling with their affairs or recommending one in preference to another of those in good standing. They should consider their interests as identified with the profession of medicine, and its respectability; and ever sustaining it in its code of ethics. In short, there should be a mutual promotion of interests, which would be reflected on the public; and thus the *whole* object of medicine would be more perfectly accomplished. For the purpose of carrying out these objects, we take pleasure in placing the following report before our readers:—*Western Lancet.*

Report of a Joint Committee of the Philadelphia County Medical Society, and the Philadelphia College of Pharmacy, relative to Physicians' Prescriptions.

[Published by order of the Board of Trustees of the Philadelphia College of Pharmacy.]

The joint Committee of the Philadelphia County Medical Society,

and of the Philadelphia College of Pharmacy, appointed for the purpose of considering the means best adapted to prevent the occurrence of mistakes in the compounding of the prescriptions of Physicians by Apothecaries, beg leave to report that they have given to the subject all the attention that its importance demands, and present the following hints as the result of their joint deliberations. They have taken the liberty of adding also, a few general hints on the relations that should exist between physicians and pharmaceutists.

A. *In Respect to Physicians.*

1. Physicians should write their prescriptions carefully and legibly, making use of good paper, and, whenever possible, of pen and ink. When obliged to write with a pencil, they should take the precaution to fold the prescription twice, so as to prevent its being defaced.

2. The nomenclature of the United States Pharmacopœia is becoming annually more in favor with pharmaceutists; a statement attested by the fact that 1500 copies of the book of Latin Labels for shop furniture, published by the Philadelphia College of Pharmacy, have been disposed of within three years. Physicians are also becoming more alive to the merits of our national Codex, and they are respectfully urged to familiarize themselves with its nomenclature, and to adhere to it strictly in their prescriptions.

3. The numerous treatises on Materia Medica, Pharmacy, and the Practice of Medicine, of English origin, that are re-printed in this country, notwithstanding they are generally interlarded with the formulæ of our own Pharmacopœia, tend, nevertheless, very much to confuse the physician and apothecary, in the use and exact meaning of terms in prescriptions. To obviate the difficulties thus occasioned, the physician should, when he prescribes a medicine, which is not officinal nor in common use, state on his prescription, either in a note or at the bottom, or within parentheses, following the article, the authority or work from whence it is derived, as "Griffith's Formulary"—"Ellis' Formulary"—"Braithwaite's Retrospect," &c.

4. Physicians would lessen the risk of error in their prescriptions, and increase the chances of their detection should they be made, by observing the following hints:

1st. Write the name of the patient at the top of the prescription, unlesss a good reason prevent this being done; in which case it should be expressed as for Mr. G—, Mrs. R—, or Mrs. S.'s child, or for Master T—, so as to convey to the apothecary some idea of the age of the patient.

2d. The date and name of the physician, or his initials should always be appended, and, whenever practical, the dose and mode of administering the medicine directed.

3d. When an unusually large dose of an active medicine is prescribed, as opium, morphia, elaterium, strychnia, etc., let such names be put in *italics*, and the quantity or quantities repeated in writing enclosed within a parenthesis; thus: ℞ Morphiæ Sulphatis grs. vj. (six grains.) Div. in chart. vj.

4th. When an active substance is to be used externally, it should be so stated on the prescription; thus: "For external application"—"To be applied on the part as directed," etc.

5th. The quantities of each article should be placed in a line with the name, and not below it, and in using the Roman numerals, the *i*'s should be dotted correctly.

6th. The occasional practice of writing the directions intended for the patient in Latin, and especially in abbreviated latin,, is uncalled for, and attended with some risk; it is far safer to write them in English, and without abbreviation or the use of figures, unless these are well and distinctly formed.

B. *In Respect to the Apothecary.*

1st. The apothecary should hesitate to dispense a prescription, the hand writing of which is so imperfect as to render the writer's meaning doubtful—especially if it involves agents of a poisonous or irritating character—unless he is able, from collateral circumstances, to satisfy himself of the intent of the prescriber. In such a case, he should delay the delivery of the medicine to the patient until he can see the physician, and in so doing he should avoid committing the latter by agreeing to send the medicine when it is ready.

2d. The apothecary is justified in the same means of delay, if he, after deliberate consideration, believes that the physician has inadvertantly made a mistake in the quantity or dose of the article or articles prescribed; always keeping in view the physician's reputation as well as his own. Every respectful application, in such cases, to a physician, should be met in good faith and with kind feeling, even though no error should prove to exist.

3d. In his demeanor and language the apothecary should cautiously avoid compromising the physician, unless it be unavoidable, in which case honesty is the best policy, and the patient or his messenger should be told that it will be necessary to have an interview with the physician previously to compounding his prescription.

4th. The apothecary is not justifiable in making inquiries relative to the patient or his disease, or remarks relative to the character or properties of the medicines prescribed, that are uncalled for, or likely to convey a wrong impression, through an ignorant messenger, to the patient, excepting it be done in a case where he has no doubts in regard to the prescription, and wishes to satisfy himself, and here he should act with great discretion.

5. When an apothecary is asked his opinion of a physician's prescription in a manner that indicates want of faith in the prescriber, he should waive the question, unless by a direct answer he should be able to restore that confidence. When asked the nature of the ingredients, he should be guided in his answer by circumstances, avoiding to give the desired information; when he believes it would be contrary to the wish of the physician, or attended with injurious consequences. In other cases he should use his own judgment.

6th. Physicians being often unacquainted with practical pharmacy, pay little attention to the order in which the several articles entering

into a prescription are arranged, with the view to facilitate the operations of dispensing. It hence becomes the first duty of the apothecary carefully to read the prescription and fix the proper order in his mind. He should, at the same time, acquire the habit of considering the quantities ordered in relation to the usual doses, and also, the general bearing of the prescription; and a constant resort to this practice, based on due knowledge, must inevitably detect mistakes, if any have been made.

7th. Apothecaries should accustom their assistants to study prescriptions in this light, and to acquire such a knowledge of the dose and therapeutical uses of medicines as shall serve to guide them in avoiding errors.

8th. The apothecary, when engaged in dispensing a prescription, should, as far as possible, avoid mental preoccupation, and give his attention fully to his task. He should acquire the habit of *always* examining the label of the bottle before using its contents, and he should satisfy himself that he has read the prescribed quantity correctly, by referring to the prescription anew before weighing out each article.—It is also a useful precaution to have bottles containing mineral or vegetable poisons distinguished by some prominent mark.

9th. As the conscientious discharge of his duty should be the aim of every apothecary, seeing that on his correct action depends, in no slight degree, the usefulness of the physician, no pains should be spared to secure the efficiency of the medicines dispensed, whether they be drugs or preparations. The latter should always be prepared of full strength, and according to the formulæ recognized by the United States Pharmacopœia, unless when otherwise specially ordered.

10th. The apothecary should always label and number correctly all medicines dispensed by him on the prescription of a physician; he should also, invariably, transcribe on the label, in a plain, legible hand writing, the name of the patient, the date of the prescription, the directions intended for the patient, and the name or initials of the prescriber.

11th. The original prescription should always be retained by the apothecary, whose warrantee it is, in case of error on the part of the prescriber. When a copy is requested, if, as in many instances, no objection can be urged, it should be a *fac simile* in language and symbols, and not a translation.

12th. In no instance is an apothecary justifiable in leaving his business in charge of boys, or incompetent assistants—or in allowing such to compound prescriptions, excepting under his immediate and careful supervision.

13th. In justice to his sense of the proper limits of his vocation to the medical profession, and to his customers, the apothecary should, abstain from prescribing for diseases, excepting in those emergencies which occasionally occur, demanding immediate action, or, in those every day unimportant cases, where to refuse counsel would be construed as a confession of ignorance, calculated to injure the reputation

of the apothecary, and would be attended with no advantage to either physician or patient.

14th. The sale of quack or secret medicines, properly so called, constitutes a considerable item in the business of some apothecaries. Many of the people are favorably impressed towards that class of medicines, and naturally go to the apothecaries for them. It is this which has caused many apothecaries to keep certain of these nostrums who are ready and willing to relinquish the traffic in them, but for the offence that a refusal to supply them to their customers, would create. At present, all that the best disposed apothecary can be expected to do, is to refrain from the manufacture himself, of quack and secret medicines; to abstain from recommending them, either verbally or by exhibiting show bills, announcing them for sale, in his shop or windows; and to discourage their use when appealed to.

15. Having in view the welfare of the community and the advancement of pharmaceutical science and interest, it is all important that the offices of prescribing and compounding medicines should be kept distinct, in this city and surrounding districts. All connection with, or moneyed interest in apothecary stores on the part of physicians, should therefore be discountenanced. With respect to the pecuniary understanding said to exist in some instances, between apothecaries and physicians, we hold, that no well disposed apothecary or physician would be a party to such a contract, and consider the code of Ethics of the College of Pharmacy, and the Constitution of the Philadelphia County Medical Society, are sufficiently explicit on this subject.

16th. In reference to the patronage on the part of Physicians, of particular apothecaries, we are of the opinion, as a general rule, that Graduates of Pharmacy should be encouraged in preference to others of the same date of business; and, whilst admitting the abstract right of the physician to send his prescriptions where he pleases, we think that justice should dictate the propriety of his encouraging the nearest apothecary deserving of his confidence and that of his patient.

D. Francis Condie,
Wm. Maybury,
G. Emerson,
} Committee of County Medical Society.

William Proctor, Jr.,
H. C. Blair,
John H. Ecky,
} Committee of Phila. College of Pharmacy.

Paragraph 14th respecting the Apothecary, will express our views upon the question of the friend who sent us the proceedings of the Des Moines Medical Society. Whilst medical men do not discriminate in the exercise of their patronage between those apothecaries who are qualified and those who are not, nor unite in encouraging those apothecaries only who do not deal in nostrums, the evil must remain a kind of necessary one. If physicians, members of societies, engage in the drug business under existing circumstances, they must yield to the necessity or get out of the business as soon as possible. The remedy

is with the medical profession. Let them agree to patronize no apothecary who deals in nostrums, and other physicians who are engaged in the drug business, and qualified apothecaries can be found who will repudiate the traffic.

EDITORIAL AND MISCELLANY.

Ingenious Evasion.

An article in the last number of the North-Western Medical and Surgical Journal, in reply to our exposition of the motives by which the Rush College has been governed in her reduction of fees, attempts to evade the question at issue, and to entangle us in a personal controversy. In this attempt they will fail. We claim to have been actuated in everything we have said upon the subject by a desire to promote the interest and dignity of the medical profession, and we challenge the Chicago School to point out a single sentence, published by us upon the subject, that is not in the line of legitimate argument. In fact they have not attempted to exonerate themselves from the odium which their conduct has excited, and it has been the subject of remark that this last feeble and evasive article of "B." yields the true question at issue between us in every particular. Instead of defending themselves when the charges were made, upon the merits of the question, they waited a year, until it appeared that the only medium of expression on the part of the Iowa Faculty had ceased to exist, and then publish short paragraphs in their Journal asserting that the Iowa School was an individual affair, and exhorting their friends and subscribers in Iowa (of whom they boast a goodly number,) to oppose this school and discourage its patronage by the Legislature. If we were disposed to indulge in the unprofessional recrimination which the Rush desires to call forth, we would stigmatize this as the lowest demagogueism we ever heard of; but we shall confine ourselves strictly to the use of such language as is necessary to display the truth, as it relates to the two schools, and leave them to their own reflections and the contempt of the medical world.

Having established the charge heretofore made that the reduction of fees was adopted as a part of an under-bidding and dishonorable course toward neighboring schools (which in our opinion, the angry and foolish article of B. in the last Chicago Journal virtually admits,) we will now very briefly show how little reason that Journal had in saying that when Iowa had a city sufficiently large within her limits

to justify a Medical School, it would have no objection to the enterprise; and advising its friends until then, to see to it, that a school should not be organized, &c. We shall do this by saying in the first place, that the City of Keokuk is larger than several towns where some of the oldest and most honorable schools in this country have been in successful progress for many years. Secondly: Whilst we acknowledge that Clinical advantages and Hospital privileges are essential to a thorough course of instruction in medical science, we contend that these advantages are not always proportioned to the difference in population. A city of quarter of a million of people may afford them in greater abundance than a small town, but there may be but little difference in this respect between two cities, one containing 30,000 and the other but 10,000 inhabitants. Both may afford the requisite amount of clinics and subjects for demonstrative teaching, and the smaller place may, from its locality, and commercial and other circumstances, present a more inviting field for these investigations. That the city of Keokuk is the best point in the State of Iowa for anatomical and clinical opportunity none will deny. That it is equal to Chicago we truly believe. We have had a number of students in our College who have attended other institutions east and west, and satisfaction upon these points, as far as we know, has been universal. We have often heard favorable comparisons spontaneously made between the Iowa Medical College and other medical schools, and our own observation has confirmed their truth. Feeling some desire, after seeing the article in the Rush Journal above alluded to, to know how the matter stood between Keokuk and Chicago, we addressed a letter to Dr. Asa Morgan, who attended one course at Chicago and one course at Keokuk. The correspondence, which we publish entire, to show that the questions were fairly written, is as follows:

Dr. A. Morgan:—

Being informed that you attended a full course of Medical Lectures at the Rush School in Chicago, session of 1850–51, I desire to learn from you, how the College of Physicians and Surgeons of the Iowa University, will compare with that institution in respect to the College edifice—appliances for teaching—thoroughness of the course of instruction, and other clinical advantages which are enjoyed by its students. Respectfully,

JNO. F. SANFORD.

Prof. J. F. Sanford,

Dear Sir: Your letter of inquiry respecting the comparative advantages which the Institutions at Keokuk and Chicago

present to the Medical student, was received this morning, and in reply I would unhesitatingly say:

1st. That the College edifice at Keokuk is much more commodious and better adapted to the purposes of medical teaching than the one at Chicago.

2d. The appliances for teaching are more extensive and of a better kind.

3d. The courses of instruction are more thorough, especially in the purely demonstrative branches.

4th. The clinical advantages which I have enjoyed at Keokuk, being equal in extent to those I had at Chicago, are greatly superior to those of Chicago in their convenience—the wards of the University Hospital, occupied during the winter with a great variety of interesting cases, communicating directly with the lecture rooms.

Respectfully, yours,

ASA MORGAN.

This must be satisfactory evidence to any impartial mind, that the innuendoes and paragraphic sneers of Chicago, are false and worthless. We present higher inducements at Keokuk to the true and high minded student of medicine, than are presented at Chicago, and in view of the position of that school in the medical world, we are really at a loss to conceive how any student can reconcile it with proper professional aspirations and honor to attend its imperfect instruction.

We are sorry that we have not room to call the attention of Prof. B. to a quotation or two from Webster unabridged. He is a very clever surgeon, and one of those whose "position we pity." If he had been less excited he would have written a more dispassionate and logical article. He is fully aware of his awkward predicament. We heartily wish him relief; but we cannot withdraw our respect for him, and our admiration of his professional abilities on account of a misfortune which he could neither foresee or control. In his attempts to sustain himself and the school of which he was once the head, we will pardon errors, which under less perplexing circumstances he would be incapable of committlng.

The Medical Department of the University of Buffalo.

This hitherto flourishing institution, has found itself compelled to reduce its fees. The following reason is given in the August number of the Buffalo Medical Journal for this movement:

"In view of the course pursued by other institutions, with which, from their geographical situation, the school at Buffalo is necessarily brought into competition, the Faculty have resolved to adopt, for the next session, a change with respect to fees. The aggregate fees for the tickets of the seven professors will be *fifty dollars;* and in particular cases, a note, satisfactorily endorsed, upon interest, will be received. The latter new feature in the management of the institution is adopted, for the present collegiate year, for the same reason that the reduction in fees has been made."

This is as we predicted when the Chicago College reduced her fees, and we appealed to the medical journals of the country to protest against it, not that we objected to the *principle* of free medical teaching where circumstances justified it, but because, first, we thought that the principle ought to receive the sanction of the profession and the schools before it was adopted; and second, because there was no good reason why it should be adopted at Chicago, that school having no public endowment, and being compelled to rely wholly upon the profits of teaching for the accumulation of necessary appliances. The Iowa University had an appropriation of $5,000, which was expended in the purchase of means to illustrate medical teaching, and was "brought into competition" with the Rush; but she presented the question, and awaited, at a sacrifice of students, the verdict of the profession. There being no verdict awarded, (for which the journals are to some extent responsible) other institutions now find themselves compelled, on the ground of "competition," to reduce their fees. We find no fault with Buffalo. It was a matter of necessity with her.—We will see how long it will be before this *necessity* will affect the great universities of the Atlantic cities.

THE COLLEGE OF MEDICINE AND SURGERY OF THE MICHIGAN UNIVERSITY.

This institution which was amply endowed by the State of Michigan, is established upon the principle of free teaching. No fees are received for lectures, and the experience of two sessions justifies the hope, that the munificence of the State will promote the best interests of the profession within her borders. We find in the last number of the Chicago Journal, a savage attack upon the Michigan school, by N. S. Davis, the person who reduced the fees in Chicago, and who has been the advocate of free teaching there.

So it seems that the advocate of the *principle* of free medical teaching is attempting to disparage the only institution in the United States where that principle has been fairly and honorably adopted. It mat-

ters not that other causes are alleged, to justify this inconsistency. A man claiming the paternity of this system ought to exercise unlimited charity towards those who give it a practical application.

The Medical Faculty of the Michigan University are gentlemen of high standing and first rate abilities, and shielded by the broad and liberal panoply of their glorious State, they need not be alarmed by the complaint of a man, whose circumstances or disposition allow him to go but "half way" in the accomplishment of his principles. The Michigan school has the respect of the medical profession. Why has not Chicago?

Publications Received.

Contributions to Experimental Physiology. By Bennett Dowler, M. D., &c.

We have before expressed our views in regard to congenerous investigations of this eminent experimentalist. The present pamphlet of 19 pages, contains the detail of numerous experiments upon the Alligator, tending still further to establish the author's propositions respecting the functions of the nervous system. The style is that of Bennet Dowler, graphic, clear, forcible and convincing. We have the highest respect for the labors of this physician in the field which he has chosen. Some of his postulates need further confirmation, but there is no doubt his name is now above the influence of envious disparagement, and that many of his doctrines will take the place of those which have been supposed to rest upon an indisputable basis. His several publications collected and published in one volume, would reward the enterprise of any publisher.

An Address to the Graduates of the Medical department of the St. Louis University. Session of 1851–2. By Charles A. Pope, M. D., Prof. of Surgery.

A very excellent production. Worthy of the author's reputation, and creditable to the literature of St. Louis.

Report of the Eastern Lunatic Asylum in the City of Williamsburgh, Virginia. By John M. Galt, Supt. and Physician, pp. 35.

Thirteenth Annual Report of the Directors and Superintendent of the Ohio Lunatic Asylum. By S. Hanbury Smith, M. D., Superintendent, pp. 96.

Proceedings of the Seventh Annual Meeting of Medical Superintendents of American Institutions for the Insane.

These reports exhibit an industry on the part of their authors,

which shows that they are fully devoted to the benevolent objects which are committed to their charge. The report from the Ohio Asylum—one of the best institutions of the kind in the world—is especially replete with valuable information.

PRACTICAL Chemistry, a branch of Medical Education. By ALFRED L. KENNEDY, M. D., &c.

This is a letter of the learned and accomplished Author to a class who attended his instructions in the Philadelphia School of Chemistry. It contains many suggestions of a useful and practical character upon the important subject of Medical chemistry, which deserve the attention of the schools of this country. We desire to publish an abstract of this letter hereafter.

TRANSACTIONS of the Medical Association of the State of Missouri, at its Second Annual Meeting, St. Louis, April 19th, 20th and 21st, 1852.

A remarkably neat pamphlet of 116 pages, containing many valuable papers and essays from distinguished physicians of Missouri. A large number of medical gentlemen were present who seemed to be thoroughly interested in the great objects of the society.

TRANSACTIONS of the Twenty-ninth Annual Meeting of the Medical Society of Virginia, with an excellent Address from the President, Dr. BEVERLY R. WELFORD, M. D.

REPORT of the Trustees of the Sacramento State Hospital. By Wake Bryarly, M. D., visiting Physician and George W. Williams, M D., resident Physician.

At the date of this report the Hospital had been open for the reception of patients seven months and fourteen days. During this time there were admitted 692 patients. Discharged 415. Died 73. Remaining in the Hospital 104. Nearly every variety of acute and chronic disease presented for treatment, and the inmates were from almost every country on the globe.

A great number of College circulars have come to hand, which we would be happy to notice in detail, did our limits permit.

NEW JOURNALS RECEIVED.

We are happy to welcome to our exchange list the following new Journals:

CANADA Medical Journal and Monthly Record of Medical and Surgical Science, edited by R. L. McDONNELL. M. D. and A. H. DAVID, M. D.

American Journal of Dental Science, edited by Chapin A. Harris, M. D., D. D. S., and Alfred A. Blandy, M. D., D. D. S., p. 168.

A journal of very high literary and scientific character, which ought to be in the hands of every Dentist, who is interested in the progress of his profession.

Philadelphia Medical and Surgical Journal, Edited by an association of Physicians, Semi-Monthly.

A small but well conducted publication, probably intended as the nucleus of a more elaborate periodical. We wish it success.

Health of the Season—Cholera.

The present season, thus far, has been one of unusual health for this city and the surrounding country. No disease of an epidemic character has prevailed since the disappearance of measles and scarlatina in the spring, and the public apprehension of a return of cholera, which for three previous seasons visited this locality, has thus far, not been realized. Early in the season, about the middle of June, a few cases of bilious remittent fever occurred, which in the opinion of some of our physicians, augured an exemption from cholera, inasmuch as this usual disease of the summer months, seemed to have retired on the approach of the great epidemic, and to have remained absent during its prevalence. These cases of fever, have recurred to a limited extent, until the present time. A few cases of diarrhœa and dysentery—the latter predominating, embrace most of the cases which have been treated in this city.

About the 24th of August, a case of epidemic cholera occurred about five miles north-west of the city, in one of the healthiest neighborhoods of the country, which in a few hours proved fatal. This case occurred in a young man of previous good health, who had not for severel weeks been out of the neighborhood. The residence of his father, at which he died, is situated on an elevated rolling prairie, removed from the vicinity of any morbid influences. Within a few days of his death, on the same prairie, within an area of two or three miles, three other cases occurred, one of which proved fatal. Exactly ten days after the young man's death, his mother was seized with symptoms of the disease, and notwithstanding the early and persevering treatment adopted by Dr. Craig, a respectable physician in the vicinity, died in a few hours. We visited this case in consultation with Dr. C., and whilst in attendance, was requested to notice a young lady,

who was vomiting for the first time, in an adjoining room. In conjunction with the attending physician, we adopted a vigorous course of treatment, but notwithstanding our efforts both of the cases proved fatal in a few hours. This family used cistern water altogether, and were temperate and cleanly in their habits. Thus far, no other cases have occurred. It is sincerely hoped the epidemic will not extend.

Professorial Changes.

Dr. Thomas D. Mitchell, has resigned the chair of theory and Practice in the Philadelphia College of Medicine. Dr. John Bell, has also resigned the same chair in the Medical College of Ohio.

The chair of Anatomy in the University of New York, made vacant by the death of Prof. Pattison, has been filled by the appointment of Dr. Wm. H. Van Buren. This is an excellent appointment. The mantle of the distinguished Pattison could not have fallen upon a more worthy physician. Dr. Worthington Hooker, has been appointed to the chair of Theory and Practice in Yale College, in place of Dr. Ives, who is transferred to the department of Materia Medica. Dr. Mussey, the distinguished Surgeon of Cincinnati, has resigned the chair of Surgery in the Medical College of Ohio, and is succeeded by Dr. H. W. Baxley, formerly of Baltimore. This institution has also secured Dr. Drake for the chair of Practice, and Dr. Cobb for the chair of Anatomy—these two gentlemen having left the University of Louisville.—Robt. E. Rogers, of the University of Virginia, has been appointed Prof. of Chemistry in the University of Pennsylvania, in place of his brother, the late Dr. James B. Rogers. In the Kentucky School of Medicine, Prof. Annan has resigned his chair, and Benj. W. Dudley has taken the chair of Surgery. Drs. Flint and Palmer, of the University of Buffalo, have been appointed to the chairs made vacant in the University of Louisville by the resignation of Drs. Drake and Cobb.

The Iowa State Medical and Chirurgical Society.

We have not yet received the full proceedings of the last meeting of this society, and presume their publication has been deferred for some good cause. It is time that the chairmen of the various committees, should be collecting materials for their reports, and we especially urge upon the attention of physicians throughout the State, the importance

of an active co-operation in the objects of the society. How is it possible to establish and maintain a respectable State Medical Literature, unless the profession shall display some interest in the work? Physicians ought to be willing to do something for a profession by which they attain a prominent and respectable position in society, and which secures to them a livelihood. If, however, this reasonable sense of obligation is not felt, they should remember that their apathy does more to promote the extension of quackery than all other causes combined. Let an enlightened profession unite in the earnest cultivation of a science which is appreciated by the intelligent public mind, and we have no fears of the innovations of empiricism. Entertaining the highest respect for our State organization, and knowing that it embraces, among its members, gentlemen of the highest literary and scientific acquirements, we have thought it our duty to invoke the aid of our brethren throughout the State in its praiseworthy labors, since without this aid its full object cannot be accomplished.

New Theory of the Motive Power of the Blood.

A new theory of the motive power of the blood, was advanced some years ago, by Mrs. Willard, a distinguished teacher of Troy, N. Y., which ascribed the *primum mobile* of the blood to the lungs, instead of to the heart, where the experiments of Poisseuille Sharpey and others had seemed to establish it. The work of Mrs. Willard, in which this theory was advanced, received but little attention from the medical world until last December, when some experiments made by Dr. Cartwright, of New Orleans, upon the alligator, seemed to confirm to his mind, the truth of the new theory. He thereupon addressed a letter to Mrs. W., detailing his experiments, and saying to her, that the theory was established "beyond all doubt or dispute." This theory, which overturns all the established notions respecting the circulation previously existing, is expressed as follows: "*Respiration, operating by animal heat, produces an expansive power at the lungs, and thus becomes the principal efficient cause of the blood's circulation.*" She contends that the inhaled oxygen heats the blood and causes it to expand with a force sufficient to produce the circulation, and that the only use of the heart is to open the valves and convey the blood to the lungs.

The great learning and high character of Dr. Cartwright have invested the subject with an interest beyond its merits, and called forth a number of articles for and against the new theory. The last article in opposition, from Dr. Albert Wells Ely, of New Orleans, has bro-

ken the club of *Hercules*, and effectually refuted the ingenious biblical argumentation of his illustrious fellow citizen. This paper utterly demolishes the Willardian theory and leaves no wreck behind.

Anatomical Appliances.

Professor Hughes has just received from New York important additions to his suit of Anatomical preparations. The preparations to be used in the Medical Department of our State University, during the ensueing session of lectures, will compare favorably with those of any institution in the west. We have heretofore said but little, in our Journal, of the advantages which existed at this point for imparting a thorough course of medical instruction—much less than has been said about other places which offer fewer inducements. We have maintained this silence, partly because we feared a different course would be regarded as unbecoming self-laudation, and partly because we desired to see the institution grow steadily and firmly into maturity upon the appreciation of those who visited and inspected it. It is due to the perseverance, industry and sacrifices of those who have brought this school to its present condition, that physicians and students of Iowa, Illinois and Missouri, should at least inform themselves as to its true condition and its superior facilities before they resolve to attend more remote institutions. We are very sure that the Faculty desires no one to attend its lectures, until they are convinced by examination, that in every essential requisite to a thorough course of instruction, it is equal to any, and superior to some of the schools of this valley.

Medical Politics of New York.

There seems to be no city in the Union where professional bickerings and animosities have gone so far as in the great metropolis. Every man's hand seems to be against his neighbor, and even the oldest and most experienced physicians—whose claims to respect are everywhere else acknowledged, seem not to escape the general strife. We know but little of the merits of the controversy carried on between the New York Gazette and Scalpel on the one hand, and the Northern Lancet on the other, but if the parties were content to select some medical topic for discussion, and then enter the arena animated by a generous spirit of emulation, medical science would not suffer thereby.

CHLOROFORM.
PURE.

Much of the Chloroform of commerce being very impure, and its use having in some cases been attended with unpleasant consequences, we have been repeatedly urged to make some, at our Laboratory, of a quality superior to that generally for sale in this market. We would therefore inform the Medical Profession, that we have prepared an article, the purity of which can be implicitly relied on.

Nitrate of Silver

Can also be obtained from us perfectly PURErthetiskcrn,oesii crystals, manufactured at our Laboratory.

Morphine.

Our Morphine having acquired a reputation superior to any other, those who have occasion to use the article, will be satisfied of its excellence by giving it a trial.

WE ALSO PREPARE

THE SYRUP OF IODINE OF IRON,

Now so highly esteemed as a remedy in Scrofulous complaints. These articles (which it is of the greatest consequence to physicians to have of reliable quality) are, with our other preparations, offered to the notice of those desiring

PURE DRUGS AND CHEMICALS, AND SUPERIOR EXTRACTS,

By PHILIP SCHEFFELIN, HAINES & Co., DRUGGISTS AND MANUFACTURING CHEMISTS,

107 *MAIN STREET, NEW YORK,*

November, 1851.

George Tiemann,

MANUFACTURER OF SURGICAL AND DENTAL INSTRUMENTS,

OF EVERY DESCRIPTION.

IMPORTER AND DEALER IN

FRENCH AND ENGLISH BOUGIES, CATHETERS, STOMACH TUBES, &c. &c.,

64 CHATHAM STREET, NEW YORK.

November, 1851.

THE

WESTERN

MEDICO-CHIRURGICAL JOURNAL.

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ART. I.—*Four Cases of Hæmatemesis successfully treated with Sulphuric Acid, with preliminary remarks.* By James Reynolds, M. D., *of Missouri.*

Although the disease of which I propose to say a few words, is not of very common occurrence, its treatment when it does come under the attention of the physician, is by no means easy or satisfactory. Many years ago, I was called to see a severe case of vomiting of blood, in consultation with a neighboring practitioner, who, for seven days previous to my visit, had exercised all his skill in attempting to arrest the hemorrhage. It occurred in irregular paroxysms, during which large quantities of blood were ejected from the stomach—sometimes of a fresh florid color, indicating its recent transudation from the capillary vessels, at others in various states of alteration. The means which had been used, embraced, according to the account of the attending physician, most of the therapeutic agents recommended by the authorities, and his intelligence and abilities as a practitioner inspired full confidence in my mind, that the minor details of practice, which are often so important in the sick room, had been skilfully employed. Notwithstanding this the hemorrhage continued, and a severe and protracted paroxysm, on the seventh day of the attack, induced the physician to desire the consultation above mentioned.

An attentive examination of the patient, failed to develop anything more, in the aspect of the case, than had been detailed to me by Dr. Brown. I could not detect any evidences of organic disease of the digestive organs. The patient, a lady of 33 years of age, whose constitution was previously good, was of a decided bilious temperament,

exhibiting neither any marks of plethora or anemia. She was the mother of two children, the younger, three years old. Her habits were good, her living substantial, and she was surrounded with the comforts of life. Her catamenia had been remarkably regular, and for two years she had suffered no disease, except that incident to natural parturition, since she was sixteen years old.

The bleeding came on without any appreciable cause. Several days before the first paroxysm, she had been in a shower, and got quite wet, after which she suffered some sense of fullness and uneasiness in the epigastrium until the hemorrhage made its appearance. The first blood thrown up, presented a fresh appearance. It was not known whether there had been any malœnal discharges before this—subsequent to the first paroxysm, the blood as above remarked, presented various appearances.

The only suggestion I could make, in addition to what had been done by Dr. B., in the treatment, was the use of Gallic acid. The patient was utterly prostrate with loss of blood, and astringents and stimulants were the only remedies to be thought of. The Gallic acid, therefore, with cold to the epigastric region, which had been blistered; injections of cold water, to move the bowels, with such judicious stimulation as could be borne by the patient, constituted the addition which I proposed to the treatment. No relief was obtained. I again visited the patient on the tenth day. The paroxysms had continued, and she was so feeble as to be unable to raise her head. The blood ejected was pale, scarcely staining a cloth. She was pulseless, muttering incoherently, and not recognizing her nearest relatives. On the evening of the eleventh day she died.

A *post mortem* examination was performed 12 hours after death. The most diligent investigation was directed to the digestive and chyle viscera. The liver was sound, the bowels presented no appearance of disease, and not the slightest erosion of the mucous membrane of the stomach, or any other affection of that viscus could be seen, after the most careful preparation. The tissues entering into its composition only appeared pale and blanched as if they had been macerated in water.

We have alluded to this case, as an introduction to what we have to say upon this subject. The case made a deep impression upon our mind at the time and stimulated us to some inquiries which ultimately proved interesting. If Hæmatemesis as an idiopathic affection, may attack an individual and ultimately destroy life, in spite of the most vigorous treatment, this circumstance should certainly make it an ob-

ject of earnest attention to the physician. We felt it to be so, and consequently shall make no further apology for the remarks with which the relation of our case is prefaced.

The predisposing causes of hœmatemesis are, first; those circumstances which impair the integrity of the digestive organs. Habits of life unfavorable to health, as close and anxious application to business, indulgence in the pleasures of the table and neglect of the necessary exercise. 2d: Sex has been thought to predispose to this disease since it appears to attack women oftener than men. It is probable that this predisposition exists no farther than it is dependent upon the peculiar function exercised by the female system. When obstructions to the menstrual discharge occur, a vicarious hemorrhage may take place from the vessels of the stomach, beyond this, perhaps, the predisposition does not extend. 3d: Organic affections of the liver and spleen, and of the heart, predispose to hæmatemesis. Valvular diseases of the heart and dilatation especially predispose to this disease, by retarding the return of blood and inducing venous congestion. Lastly: When hæmatemesis has once occurred the individual will always afterwards be subject to its return.

The *exciting* causes are numerous, and may be divided into constitutional and local. Causes which act upon the sanguiferous system generally, sometimes produce congestion of the vessels of the mucous membrane of the stomach, and develope a tendency to hemorrhage from them. It is not easy to explain how strong emotions of mind produce hæmatemesis, yet such is undoubtedly their occasional effect. But no constitutional cause is so potent in this respect as the state of the system induced by the suppression of some accustomed evacuation. The suppression of the catamenia in the female has been alluded to, and in men the suppression of a hemorrhoidal flux may lead to the same result. The *rationale* of this need not be described. It is familiar to every one, and the connection of hæmatemesis with derangement of menstruation—especially amenorrhæal—hasbeen observed ever since the days of Hippocrates. Dr. Hamilton, in his work on purgatives, denies this fact, but without good reason, and practitioners should not lose sight of the important indication, which it sometimes furnishes in the treatment of the disease in question.

The *local* exciting causes are too numerous to mention. Mechanical irritation from swallowing foreigh substances—chemical irritants, as poisons—drastic emetics, (as in case three,) external injuries directed against the epigastrium, embrace the principal. These act by producing congestion, irritation, erosion, &c., of the mucous membrane.—

Beyond these general and local causes, certain morbid changes of the blood, which occur during the progress of some special diseases, as Purpurra Scurvy, &c., lead to this variety of hemorrhage.

The *symptoms* of hæmatemesis deserve no special attention. The various premonitory signs, which are referred to by writers as indicating impending hemorrhage from the stomach, are all frequently observed in connection with other diseases dissimilar in their pathological character. The only premonitory symptoms which would excite our apprehension of an attack of this disease, are the anxiety, faintness, sense of weight and distension which sometimes afflict the patient, and *these are only pathognomonic when followed or accompanied with melænal discharges from the bowels.* The diagnosis can only be clear in those cases where the vomiting of blood is the first morbid symptom which occurs, as is sometimes the case, or where, after the symptoms just alluded to, with perhaps the addition of that chilliness, coldness of the extremities, vertigo, impaired vision, and ringing in the ears which indicate internal hemorrhage—a sanguinary ejection actually takes place.

The blood in these cases is by no means of a uniform appearance. In the diagnosis between this affection and profuse hemoptysis, much stress has been laid on the appearance of the blood. The distinction usually rests more upon the *color*, than upon any other difference, but it is certain that in some cases, the sanguineous ejections in hæmatemesis closely resemble those which most generally come from the pulmonary mucous membrane. I have seen blood from the stomach exhibit a florid appearance, similar to arterial blood, where a careful investigation of the case was necessary to indicate its gastric origin.—Probably the most reliable aid in diagnosis in these cases—beyond that which is derived from other symptoms—is the admixture of alimentary substances with the blood, which so commonly occurs in hæmatemesis. The various shades of color from a dark red, to a black grumous character, is also dependant on the more or less intimate mingling of the gaseous or fluid contents of the stomach. Sometimes when the blood has remained for a considerable time in the stomach, and a portion of its constituents is absorbed, it is thrown up in a coagulated or membranous form, which occasionally presents the appearance of a mould of the pylorus or of the internal surface of the stomach.

As vomiting in case of hemorrhage of the stomach does not generally occur, until that viscus is more or less distended with blood, it subsides when the contents of the organ are fully discharged.—

Vomiting is not often continuous; the patient has one paroxysm and will then lie for a number of hours in a state of prostration, until distension again exists from the exhalation of blood, when the paroxysm will recur. As a confirmation of our diagnosis, we may look for the passage of the blood by the anus, as part of the effusion usually passes the pylorus, and after a few hours may be looked for, mingled with the fecal evacuations. We have seen a case, however, where vomiting of blood took place to a great extent, and yet no blood was ever seen in the discharges per anum.

The *prognosis* of hœmatemesis is not generally attended with difficulty. Although the paroxysms of hemorrhage present a formidable and alarming appearance, experience warrants the happy conclusion, that in most cases but little danger is to be feared. When it occurs as a consequence of organic disease of the stomach, of course the prognosis rests upon the facts connected with such preliminary disease. Sanguineous discharges from the stomach which are vicarious of some suppressed or obstructed habitual discharge, are generally manageable, and often readily yield to means directed to the re-establishment of the evacuations to which they are supplementary. Old writers, in fact, as Langius, Zacutus, Lusitanus and others, maintain that such discharges from the stomach are often salutary and not to be interfered with. In this opinion, however, we cannot fully coincide, inasmuch as the cause, as well as the result, are of a morbid character and leave us no security as to the limits within which the pathological tendencies will be confined.

The *pathology* of hæmatemesis is well developed in the general doctrine of hemorrhagic disease, as laid down in William's Principles, and in the excellent work of And ral on the blood. There are some circumstances, however, which are peculiar to this affection, at which we will briefly glance. The infrequency of death from hœmatemesis affords but limited opportunity for those necroscopic observations which are so essential to correct notions respecting the pathology of any disease. When it proves fatal without the pre-existence of organic disease, it is often impossible to detect any morbid appearances. Sometimes the gastric mucous membrane exhibits a red appearance, which has produced the impression that congestion or inflammation of this membrane had caused the vomiting of blood; others have attributed this appearance to simple infiltration of blood. Portal, Cruveilheir, and others, have noticed a pale appearance of the mucous membrane, and this was remarkably the case in the patient of Dr. Brown. In organic affections of the stomach, death is frequently accelerated

by hæmatemesis, and we may here expect to find the usual lesions presented by these diseases. In the progress of ulceration of the stomach it is not strange that hemorrhage should occur from the rupture or erosion of blood vessels; but it is equally certain that profuse hemorrhage from the stomach often takes place during the progress of scirrhous affections, without any lesion of structure which can be discovered after death. Some years ago, we saw a case of this kind in Bellview Hospital, N. Y., where the death of the patient, after years of suffering, seemed to be caused by a severe hemorrhage from the stomach, and where after death scirrhous formations were found, but no erosions or solutions of continuity. See also Andral's Pathological Anatomy.

These facts strengthen in our minds the conclusion, that hæmatemesis is simply an exhalation of blood from a mucous surface. The causes which occasion this exhalation, according to Andral, are four:

1st. A mechanical obstacle to the return of the venous blood, through the system of the Vena Porta.

2d. Irritation of the mucous membrane of the stomach.

3d. Sanguineous congestion not referrible to either of the former heads.

4th. Certain states of the blood itself, in which it is so changed as to have a universal tendency to escape from its vessels.

The mode of operation of these causes is familiar to every one, and we need not illustrate them.

The *treatment* of hæmatemesis, depends very much upon the nature of the exciting cause and the pathological condition which give rise to it. In general terms, it has been laid down by writers, that when the hemorrhage is of an active or inflammatory character, antiphlogistics are to be resorted to, and in selecting from this numerous class of remedial agents, renesection, followed by saline cathartics and cooling saline drinks have been usually preferred. On the contrary, when the hemorrhage is of the passive or asthenic kind, and there is prostration of the bodily powers, the most decided astringents, with such means as support the strength are recommended. As we intend to propose a treatment differing in some respects from either of these methods, we will not enumerate all the particular articles which have been used and recommended in the treatment of this disease. Having been disappointed in the case detailed in the beginning of this article, in the use of all the remedies usually resorted to, where there was nothing beyond the hemorrhage that necessarily led to a fatal termination, I have been exceedingly anxious to ascertain in my subsequent experi-

ence, the exact value of the treatment about to be proposed. My impressions in this respect, have impelled me to speak more particularly of the etiology and pathology of this disease, in order to sustain the therapeutical relations of a remedy which I have found successful to a charm, in the treatment of several cases where the usual means had failed. I have thought this design would be more fully accomplished by a detail of the several cases referred to, than by any speculative recommendation, since in this way all the facts bearing upon the result of treatment may be satisfactorily set forth.

Case 1. Daniel Neally, Englishman, aged 47 years; sanguine temperament; regular habits; farmer by occupation; in good health for the preceeding five years, sent for me in great haste to attend him in consequence of a profuse vomiting of blood, September 26, 1846.—The history of the case, as I received it from him, was as follows:

Four days before the attack came on, he was returning home from the field, and in climbing a high fence in his way, he lost his footing and fell upon the ground. He could not be positive as to the particular spot which came in contact with the ground, but believed it was the region of the stomach, or the right side near this region. The fall deprived him of consciousness for a while, and when he recovered, he found himself unable to stand erect—the effort seeming to be resisted by soreness and tension in the lower part of the abdomen. He walked home in considerable pain, by bending forward and pressing the palm of his hand firmly against the belly, and went to bed, directing his wife to prepare him a cup of warm tea, as he felt a little chilly and uneasy. This he drank and soon fell asleep, and did not awaken until 9 o'clock in the evening, eight hours after the accident. He was then warm and felt no uneasiness, except a sense of pain and weight at the stomach. Upon attempting to rise, he felt sick, and was obliged to resume the horizontal position. He had eaten no dinner the day of the accident. Shortly after the attempt to get up, he tried to urinate, but could not, and felt a little desire to have a passage from the bowels, but in this respect he was also disappointed. He continued quite uneasy until near morning, when he went to sleep and slept till 7 o'clock.—He then felt easier, but from motives of prudence resolved to remain in bed during the day. About noon he had an evacuation from the bowels, of a natural character, and a pretty free passage of water.—He then felt better and had a short sleep. He continued to improve until the evening of the fourth day, when he felt, as he expressed it, an insupportable burden about the pit of the stomach. He had not been entirely free from pain in the stomach since the receipt of the in-

jury, but on the third and fourth days he had been up about the house and even walked about the yard without great inconvenience. The disagreeable sensation referred to, came on about an hour after eating his supper, which consisted of a small piece of toast, a little boiled rice and a cup of tea. The first illness he felt was a sickness of the stomach, then a sense of weight and distension, and finally, at 10 o'clock, P. M., great weakness and prostration. At half past eleven, upon turning from his back to his right side he commenced vomiting, and upon bringing a light to the bed side it was discovered that the matter ejected was blood, of a dark coagulated character. This, of course, produced great alarm in the family and a physician was immediately sent for.

Upon my arrival—1 o'clock, A. M.—I found the patient lying upon his back, utterly prostrate; pulse very feeble; extremities cold; the countenance anxious and pale. No pain in the stomach, but instead, he complained of a "curious sense of vacancy."

After an attentive observation of the case, I left the following prescription:

Opii pulv. Gum.	grs ij,
Acetus Plumbi,	" xvj.

M. divide in Chart No. 6. One every two hours. Cool lemonade to drink. Injection of cold water into the rectum. Cold cloths to the epigastrium. Warmth to the feet, perfect repose.

Sept. 27.—Saw him to-day at 2 o'clock, P. M. Rested well since last visit. Pulse better; skin and extremities warm, but not hot; no fever. Took some sago this morning which produced no uneasiness. Very slight pain in the stomach and he thinks a little sense of distension. The second injection produced a discharge from the bowels, but no blood with it.

The prescription of last night was continued.

Sept. 28.—Summoned in haste to the patient this morning at five o'clock, another paroxysm of hæmatemesis having come on at this hour. I found the patient prostrate as before, he had slept but little during the night in consequence of the uneasy and annoying sensation in the stomach. The vomiting had again ceased before my arrival, but half an hour afterwards, as I was raising his head to give him a drink, a sudden gush of blood was forcibly thrown from his mouth.—He had vomited, during the first paroxysm, as nearly as we could estimate, from two to three pints of blood. During this last, he threw up as much more. The first was entirely dark and grumous; the last was principally so, but mixed with streaks of florid fluid blood.

Recollecting the important case of Mrs. M., in which none of the usual remedies had the desired effect, I determined to adopt a different treatment. My reflections upon the causes and symptoms of hœmatemesis, and especially upon the character of the case before me, convinced me that the hemorrhage was of the passive character and called for the exhibition of remedies which would change the condition of the gastric exhalants. The circumstances which lead to the transudation of blood through the coats of the vessels, must necessarily suspend, to a certain extent, the life force or organic integrity of these tissues, and rupture, for a time, the vital sympathies which connect them with the general organism. I had somewhere seen a strong recommendation of the mineral acids in cases of uterine hemorrhage and hemoptysis, and inferring that if benefit could be derived from them in these cases, when they arrived at the seat of disease by the round of the circulation, we could, *a fortiori*, use them in hæmatemesis, I concluded to try them in this case.

I accordingly left Mr. Neally the following prescription:

Acid Sulph., dilut., ʒi.

Forty drops were given in a little sweetened water, and this quantity ordered to be repeated once an hour for six hours, after which the interval was increased to two hours, until I saw him in the evening.

The auxillary means before adopted were continued, and the most perfect repose of body and mind enjoined.

Sept. 29, 9 o'clock, A. M.—No return of hemorrhage. The patient has rested well. Bowels moved after the injection at midnight. There is no fever. No pain or uneasy sensation of the stomach. The acid was continued at a little longer intervals.

I saw this patient every day for a week. He recovered without a bad symptom. A little blood passed the bowels on the morning of the 30th, but none was ejected from the stomach after the acid was resorted to. He is yet living and enjoys good health. Has never had any return of the hæmatemesis.

Case 2.—Mrs. R———, aged 33 years. Nervous temperament. Lives in town. Circumstances good. Habits regular and industrious. The mother of four children—youngest nine months old and at the breast. Has not with any of her children, menstruated during lactation. General health very good. This lady had a chill on the morning of March 8th, 1849. The reaction was very slight, and she appeared to be quite well in the evening. She attributed the attack to a fatiguing walk a few days previous. Had not felt well since. On the morning of the following day, she complained of weight and uneasi-

ness in the stomach, which increased until noon, when she commenced vomiting blood, and continued so to do, until 3 o'clock in the afternoon. Her family physician, Dr. F., was immediately called in and resorted to the usual remedies. She lost more than a pint of blood, and was quite exhausted. After the vomiting ceased, some excitement came on which continued till the following morning, 10th. The sense of weight again attracted her attention at about 11 o'clock, this day, and was soon followed by another paroxysm of hæmatemesis.—I was called in consultation to see this lady on the 16th, and received the above account from the attending physician, with the additional information that the paroxysms had occurred at irregular intervals every day since, and that he had administered all the usual remedies recommended in these cases, but without success.

The patient was very weak, and the symptoms unfavorable. As soon as we had sufficiently examined the case, I suggested to him the use of the Sulphuric Acid, to which he immediately assented. It was used in the same way as in the case of N., and she had no return of the hemorrhage. She recovered rapidly and is still living.

Case 3.—Miss E., aged 34 years. Bilious temperament. Thin habit of body. Subject to constipation and various nervous disorders too tedious to mention. Circumstances low, and from appearances habits indolent. After "doctoring on the medical system" for six or eight years, she had taken a notion that the "mercury" practice would'nt cure her. So she sent for a steam doctor, who practiced in the country several miles distant, who informed her upon his arrival, that the only trouble with her was the effect of calomel formerly taken, which had become arrested in the system, and was now "playing the devil in her bones," (I give his words,) and that in order to get it out, she would have to go through several courses of medicine. He accordingly proceeded—she coinciding with him in his classical notions respecting the pathology of her disease—to give her an emetic of lobelia. On the following day but one, he returned, pronounced her better, and again repeated the emetic. In order, however, to accelerate his exorcisms, he combined with the lobelia the decoction of sanguinaria. She vomited violently, became very much exhausted, and after the vomiting ceased, complained of a sense of tension and anxiety in the stomach. This continued until evening, when attempting to rise in bed, she fainted. After reaction came on she commenced vomiting and threw up a large quantity of blood, of a dark red appearance—partly coagulated. This alarmed the family and I was sent for. I found her very weak, with cold skin, feeble pulse, and still

vomiting blood. I discontinued a mixture which the quack had left her, and put her upon the use of the sulphuric acid and the adjuncts, as in the cases 1 and 2. The vomiting was immediately arrested.—She continued its use three or four days—protracting the interval after the first few doses—and had no subsequent bad symptoms. On the third day, pretty copious malænal discharges took place from the bowels after a portion of sulph. magnesia was taken, but she recovered rapidly. The family left the country a few months afterwards, and I know nothing of her history since.

Case 4.—Came under my observation about eighteen months ago. Mrs. L. had been for many years a sufferer from some disease of the digestive organs, about the nature of which physicians had differed. She formerly lived in Butler county, Ohio, and had once visited Cincinnati, to consult Dr. Drake. She did not see him as he was absent from the city, but called in Dr. Harrison, who pronounced her disease Cancer of the Stomach. The first time I saw her was in a paroxysm of hæmatemesis, and she gave me the following account of her case: Had been delicate all her life; was married when 15 years old; became pregnant soon after marriage, and suffered greatly during pregnancy; had a difficult labor, and nearly lost her life from uterine hemorrhage; slowly recovered from the extreme prostration induced by these circumstances, but never afterwards regained her usual health. she could not nurse her child, and it died at the age of 10 months.—About one year after her confinement, she began to suffer from some disease of the digestive organs, which slowly increased during several years, and about which she consulted several eminent physicians, but never obtained any permanent relief. Five years ago, her husband removed to Illinois, near Kaskaskia. Shortly after settling there, she had the first attack of hæmatemesis, which has continued to recur at irregular intervals ever since. She has never menstruated since the birth of her child, and is certain that the vomitings of blood occur almost as regularly every month, as did her catemenia formerly. Some times the quantity was profuse and induced great prostration and debility, and it usually continued at short intervals for three or four days. It was in an attack of this kind which threatened her life, that I saw her eighteen months ago. In connection with the auxiliary treatment, I prescribed the sulphuric acid, which immediately arrested the hemorrhage. She assured me that the vomiting of blood had never before been arrested so promptly, although she had at various times been under the attention of skillful physicians. After her recovery from this attack, which went on more rapidly than usual, I advised her to

keep the acid by her, and to resort to it when the premonitions of an attack were felt. This she has done, being able to tell when the paroxysms are coming by certain uneasy sensations in the stomach. The acid always controls these attacks, and she as not, at any time since taking it, suffered the loss of six ounces of blood at one time. Her old disease seems to be slowly wearing away her constitution, yet her life has evidently been protracted to the present time by an agent which has promptly controlled those paroxysms of hæmatemesis, by which, otherwise, it would long since have been terminated.

ART. II.—*Chloroform as a Therapeutic and Anæsthetic Agent.* By N. C. Shorb, M. D., *of Ohio.*

Prof. Sanford: I have been much gratified with the nice discrimination instituted by Dr. Kerr, in the August number of your Journal, in the use of Chloroform as an Anæsthetic agent. And your excellent correspondent will allow me to to say that his contributions on this subject, although brief, have been among the very best I have read on the subject. Indeed, the numerous articles from his pen that have appeared in your Journal have all borne the characteristics of an accurate thinker, and good writer, and sound medical scholar.

His indications for the use of chloroform, namely—"pain, not *anticipated*, but *present*," deserve to be re-written and re-impressed; for I regard this condition as not only furnishing the true indication, and the *only* one, so far as we are at present acquainted with the agent, for its use, but at the same time furnishes the very best antidote to its injurious effects. Practitioners are all familiar with the fact that patients who are suffering from severe pain can take with impunity large doses of opium—doses which, in the *absence* of pain, would produce death. Pain, then, must be regarded as an *antidote* (if I may be permitted to use the expression,) to the injurious effects of the narcotic; and I consider it an equally powerful antidote to the injurious effects of chloroform.

If I were called upon to name the indications for the use of opium, my reply would be *pain*, and I would limit its use to pathological lesions of the nervous system. In painless diarrhœa, irritation of the mucous membrane being absent, opium is perhaps worse than useless; but if pain and irritation be present, we perhaps have no substitute. But pain and irritation are so frequently the forerunners of vascular lesions, that it becomes a desirable object to arrest this element of

evil, and thereby avoid the secondary and structural difficulty that so frequently follows. Hence the necessity for anodynes to allay morbid sensibility.

Moreover, patients may die from the exhausting effects of pain.—The shock may be so great that the powers of life may not be able to rally against it. In cases of this kind anæsthetic agents are invaluable; and in the present state of medical science, I would regard every man as highly culpable who would not resort to the judicious use of chloroform. It is surely not only a great boon to the sufferer, but adds to the probability of his ultimate recovery.

I would apply the same general principle to the use of chloroform in *all* cases. If the pain and irritation were severe, I would use chloroform to the point of arrest of the pain; bearing in mind the general principle, that the stimulating effects of the pain is the best antidote to the effect of the poison. If pain were less severe, I would exercise more caution in its use; and if it was the result of, or associated with, *present* inflammation, as a matter of course other remedies than chloroform would be indicated. True, it may be used as a *palliative* even in some of the acute phlegmasia while other remedies are being used to subdue the inflammation. But as a general principle, PAIN, pain unattended by imflammation, is the indication for chloroform. I have known its use in several attacks of colic attended with the most soothing and pleasant effects, while other remedies were used for the purpose of removing the *cause.*

Dr. Kerr's suggestions as to the mode of administering the remedy, are judicious. Much care and judgment should be exercised in this. I am inclined to the opinion that most of the fatal cases recorded have resulted from either badly selected cases. or from its injudicious administration.

That an agent of such power, and of such promise in the relief of pain, should be occasionally indiscriminately used, is by no means singular. And that occasional cases of death should be the result of its use, is what might be expected of *all* agents which exercise such a direct and powerful control over the cerebral and spinal functions. The objections urged against its use on this score, can be brought with as great, if not greater force, against all the more potent articles of the Materia Medica.

ART. III.—*On the Varieties of Alvine Discharges in Children.* By Dr. Merel.

[The intestinal discharges mentioned by the author are :]

1. The yellow discharge. This is the regular stool in infants. It is a mixture of intestinal secretions with bile. As children advance in age, and begin to take substantial food, the color of their regular discharges become more and more of a light brown color.

2. The *mucous* discharge. With mucous matter more or less thick or liquid, and mixed with serum, sometimes with a proportion of bile. This discharge is preceeded by but moderate pains, and frequently by no pains at all. It denotes a catarrhous, sub-inflammatory, or irritable state of the intestines, and is almost always of local, and not of sympathetic origin; in general it is not dangerous, and at its commencement is easily manageable by opiates, warm poultices, and convenient hygiene. If neglected, it becomes pertinacious and severe, and not seldom connected with swelling, softening, or granules of the mucous membrane, or ulceration of the follicles. If stripes of blood are mixed with the mucus, and pain be present, it denotes a higher degree of inflammation, in particular of the follicles. The highest development in this direction constitutes enteritis or colitis (dysentery.)

Sometime we find among the mucus, consistent *plastic concretions* of a more or less tubular shape, similar to those of laryngeal croup, but larger in proportion to the volume of the intestines. This is the strongest degree of the catarrhous process which I might term the *croup of intestines,* Among the whole number of my little patients, which may be about 30,000, I met with this discharge perhaps only 20 or 30 times. The discharge is effected with very painful efforts at a stool.

The *serous.* In general, after more or less severe pains, the discharges take place with a certain rigidity and noise, after which the pains lessen or subside. It consists of an abundant quantity of serous liquid, dirty whitish, yellowish or greenish, as besides mucus, bile is the most common mixture with the serum. The serous diarrhœa is commonly the effect of rheumatism in the peritoneum, in the serous and fibrous membranes or in the nerves of the intestines. I found in these cases the abdomen very hot. If a great deal of mucous and some blood are mixed with the serum, we may suspect parenchymatous enteritis; if the serous membrane enters into the state of acute inflammation, frequently transudation takes place on its free surface.

I have seen cases of profuse serous discharge, in a very short time,

even in less than twenty-four hours, produce collapse and death, and in some of these instances necroscopy could not discover an adequate alteration either in the mucous or in the serous membrane.

The serous species of discharge is frequently merely a product of sympathetic secretion. I observed it sometimes connected with large transudations in the chest, and with chronic hydrocephalous.

Speaking in general, serous diarrhœa, if even arising from rheumatism, is more difficult to manage than the mucous. Very minute doses of calomel, with Dover's powder and mustard poultices, are frequently beneficial.

Pure serum, like ricewater, is a less favorable quality, than the dirty white or yellowish. Dark brown serum frequently denotes a disorder in the portal system, present in some severe gastric or typhoid fevers, but I have seen a similar quality also in chronic affections of the brain and very frequently in scrofula-impetiginous children. This is worthy our attention, in particular if eczema or impetigo has disappeared from the head and face. This brown and fetid discharge accompanies sometimes the commencement of chronic hydrocephalous. I treated it successfully, in this last case, with high but very diluted doses of iodide of potash.

4. The *green bilious discharge.* If pure bile, then the voided matter is in general not abundant. In young children it is of a more yellowish than green color. The essential character of bile is, to be of a *greenish color* (in infants it is voided green) *at the moment of evacuation.* This kind of discharge is very frequently present in acute inflammatory and febrile affections, if dependant upon an affection of the brain, then we may find the color to be rather brown, and the abdomen retracted. If a similar source produces abundant serous-bilious discharges, then we find the abdomen much collapsed. But I must observe, acute affections of the brain, are almost always connected with constipation, only in some cases of chronic hydrocephalus I met with the mentioned diarrhœa. Bilious discharges, as arising from bilious fevers, or from derangement of the liver, is rare in young children. In this case the right hypochondrium will be more or less bloated up. We must be careful not to confound the green bilious discharge with the following:

5. The *discharge, like chopped eggs,* mixed with mucus, some clots of bile, and caseous coagula of indigested milk, or other kind of food, accompanied almost always by gripes and flatulence; its smell is disagreeably acid, and the whole matter, some minutes after being discharged and exposed to the atmosphere, becomes green. We know not exactly the chemical change which produces this coloration, it seems to be an oxydation of some of the elements. Then the essential character of this discharge is,that it is yellow at first,and becomes green by exposure to the atmosphere, whilst bile is green at the moment it comes out. I shall call this *the acid saburral discharge,* which is the most obvious before the sixth month of age, in particular if the sucking child takes, besides the milk, some farinaceous food. Practitioners commonly prescribe in this case rhubarb, with magnesia. For my part I prefer, in tender infants, to rely more upon a convenient change

in the diet, and as a remedy, aromatic frictions of the epigastrium, and internally bicarbonate of soda, dissolved in mint water.

6. The *bloody discharges.* Pure red blood is seldom discharged by children; in some rare cases I have seen half or one table spoonful come out, as the product of active congestion and hemorrhage. Very frequently on the contrary, blood is combined with the mucous discharge, and in this case, if it is preceeded by pain, without tenderness, it denotes an inflammation in the upper part of the intestinal tube, at least not near the rectum. Tenesmus signifies that the seat of the inflammation is on the lower part of the colon, or in the rectum. This form is commonly called *dysentery,* not dangerous, if it is without bilious complication and fever, and if treated in its early stage with Dover's powder, some doses of castor oil, and warm poultices; in a stronger degree leeches at the anus; but if neglected in the commencement it becomes dangerous to the life of the child. Professor Rokitansky, of Vienna, describes most exactly what he calls the "dysenteric process," in three gradual degrees of anatomical change. The highest degree, presenting a dirty red and gray marble surface, with considerably thickening, granulation and ulceration, I never saw in a tender age. Young children die before this stage is developed.

Passive hemorrhage of the intestines very seldom occurs in children. I have seen, however, some cases where, without adequate pain, a considerable quantity of dark thin blood was discharged. Lastly, we have seen in this town, with Mr. Wllson, a case in a child six years old, where, during the course of a gastro-typhoid fever, more than one pint of carbonized blood was discharged in two days. The case recovered. The boy is affected with an enlarged spleen.

Moderate quantities of red blood, discharged without pain, frequently occur, mixed with mucus, and are, without signification, sometimes even connected with the advance of recovery from gastric affections. This is the case as with epistaxis.

Golding Bird and Simon state, as the result of chemical analysis, that some dark green stools of children owe this color to blood which has suffered a certain chemical change; but those chemical enquiries are not yet arrived at a satisfactory exactness; we do not even know exactly what kind of green discharges were the subject of these enquiries.

7. *Calomel stools.* Green, more or less thick, or mixed with serum, and in this case more abundant, produced by full doses of calomel.—Calomel stools resemble bile, and contain much bile, but they contain some particular chemical elements.

ART. IV.—*Poisonous Chloroform.* By C. T. Jackson, M. D.

The numerous deaths which have recently taken place from the inhalation of chloroform, seems to require that I should state what I

know upon this subject, without waiting for more extended researches which I have now in progress; for a word in time may save human life, and I shall therefore present my views, even though some may think that I ought to wait until my work is completed to its full extent before publication. I have formerly been charged with dilatoriness in presenting my discoveries to the public, and wish to avoid a repetition of this accusation, even though my work, in its present state, is not so complete as would be required for scientific purposes.

I have long had a strong suspicion that the very sudden deaths resulting from the inhalation of chloroform, must have been produced by the presence of some poisonous compound of amyle, the hypothetical radical Fusel oil, or the oil of whisky; and I began a series of researches upon this subject several years ago, but was called off from my work by unexpected persecutions. This work I have resumed, and I will now state what facts and indications I am able to lay before the public.

1st. When chloroform, and the alcoholic solution of it called chloric ether, was made from *pure* alcohol diluted with water, no fatal accidents took place from its judicious administration.

2d. When chloroform was made, as it now too frequently is, from common corn, rye, and potato whisky, death began to occur, even when the utmost care is taken in its administration.

3d. In the Chelsea case, where this kind of chloroform was probably contained in the alcoholic solution incorrectly called chloric ether, death took place in a very sudden manner, and the post-mortem appearances of the subject indicated the usual effects of poisoning by chloroform.

From these data, it might justly be inferred that some poisonous matter exists in the cheap chloroform of commerce, and I suspect that it arose from the Fusel oil which exists in whisky. This opinion, at my suggestion, was published by some of my friends, to put the public on their guard, and those gentlemen urgently advised that physicians and surgeons should return to the use of sulphuric ether (oxide of ethyle,) as originally prescribed by me.

It is well known that I have always preferred my original anæsthetic agent to all the substitutes that have been proposed since; but still I have always been willing to give the proposed substitutes a fair trial, and did try them all, first upon myself, and then upon such of my pupils as felt willing to allow the experiment to be made upon them. I also in a measure compromised with that powerful anæsthetic agent, chloroform, by mixing small proportions of it, about one-fourth or fifth part, with sulphuric ether, so as to concentrate the anæsthetic agent into a smaller bulk, and I have extensively used this preparation in the production of anæsthesia, and without producing any dangerous or even unpleasant symptoms in any case, but I always took care to ascertain that the chloroform used by me was pure.

Having during the last month, succeeded in procuring some very pure Fusel oil (of whisky,) I undertook the researches which have resulted in the conviction that it is this amyle compound that produces the poisonous matter of certain kinds of chloroform. When mixed

with hyperchlorite of lime (bleached powder) and water, in the same way as we prepare alcohol for the production and distillation of chloroform, I found that the mixture in the retort, after agitation and standing some time, became warm, indicating that a re-action was taking place between the Fusel oil and the hyperchlorite of lime.

After some hours the retort was placed in a water-bath and distillation was effected, the volatilized liquid being condensed by means of one of Liebig's condensers. A clear colorless liquid came over, which was at once recognized as having the peculiar *odor of bad chloroform.* It is perhaps a *ter chloride of amyle,* but has not yet been submitted to analysis. It is so powerful that merely smelling of it makes one dizzy, and working over it made me so sick that I was obliged to go out of doors for fresh air several times during my operations on it. In order to make sure that the Fusel oil was all decomposed, I again mixed the product of the distillation above mentioned with a new lot of bleaching powder, and water; and after three hours, with frequent agitation, it was again distilled, and gave what I regard as the pure unmixed poison. This I am now to test on such animals as have proved good ether subjects, and shall make report of my results in this Journal.

If my views are correct, it follows:

1st. That all chloroform intended for *inhalation as an anæsthetic agent should be prepared from pure rectified alcohol,* to be diluted with water when used for distillation from hyperchlorite of lime.

2d. That no druggist should sell for anæsthetic uses any chloroform which is not known to have been properly prepared as above suggested.

3d. That the mixture of chloroform and alcohol, commercially known under the name of strong chloric ether, must be made with the same precautions as chloroform.

There is less danger of the existence of Fusel oil in sulphuric ether, which is always made from strong rectified alcohol.

There is more danger of the existence of sulphuric acid in the liquid, and that is a dangerous poison, but it is one readily detected; and persons will object to inhaling ether containing it, on account of its well-known disagreeable odor of burning sulphur.

Fusel oil itself, according to the microscopic researches of my friend Dr. Henry C. Perkins, of Newburyport, appears to act as a poison.—His experiments were suggested by an article published by Mr. Henry A. Hildreth, imputing the poisonous qualities of some kinds of chloroform to Fusel oil contained in it.

It is important, now that this Fusel oil has been introduced into medicine as a remedy in phthisis, that the profession should know that when it is inhaled it may produce fatal results, and that great caution is necessary in the use of so powerful an agent. Administered, a few drops at a dose, by the stomach, it does no harm, but is undoubtedly useful in some forms of disease. Experience will show how far it is remedial in tuberculous diseases; and this remedy is in good hands at present—Dr. Morrill Wyman and Dr. Perkins having engaged in the researches as to its medicinal use.

I annex a letter which I have just received from Dr. Perkins, deeming it an interesting contribution to physiological science:

"Noticing, the other day, a paragraph in one of the papers, which attributed the evil effects of chloroform to the Fusel oil it contained, I tried an experiment upon a frog with a few drops of this oil dissolved in either, and found that after inhaling it for a short time the same effects were observable under the microscope as appear when chloroform is used, viz: an *almost entire* suspension of the circulation in *all* the bloodvessels ramifying upon the web of his foot; there was, in fact, only a *very slight backward* and *forward* motion to be seen in *one* single vessel; in *all* the others the blood was perfectly stagnant. The frog was insensible for a much longer period than when the ether alone is used. He is now bright and ready for another experiment—to which I proceed.

I exposed him to the vapor of a few drops of Fusel oil dissolved in about a drachm of New England Rum, for about six minutes, when he closed his eyelids and seemed under its influence. He was then placed upon the stand of the microscope, but not the slightest appearance of circulation was to be found in any of the vessels of the web; it was unusually pale and exsanguineous. He removed his foot twice or thrice from the stand, and gasped several times. I was now called away, and was absent about half an hour. Upon my return the frog was found dead.

Several queries suggest themselves, which you will allow me to propose:—

1st. Is there any Fusel oil in sulphuric ether?

2d. Can the Fusel oil be removed from the chloroform?

3d. Would the vapor of New England rum, rot-gut whisky (which contains this oil,) produce anæsthetic effects?

4th. In what other liquors is this oil found?

5th. Does it in small doses, as administered by our friend, Dr. M. Wyman, and as I am now trying it upon his recommendation, diminish the pulse and act as a direct sedative?

To the third and fifth queries I shall direct my attention. The others I leave for your investigation."

ART. V—*On the Tannate of Quinine.* By J. P. Little, M. D. (Stethoscope, August, 1852.)

In the summer of 1850, I read a short paper before the Medical Society, in which I mentioned some experiments made to remove the bitter and disagreeable taste of quinine. It was attempted to remove this taste by giving the medicine dissolved in strong tea; and I was led to make these experiments by learning that coffee had been used for this purpose in France. The result of my experiment was that the taste was almost entirely removed, and that the injurious effects upon

the brain and nervous system, which so commonly result from the use of quinine, did not make their appearance. I learned subsequently, from the experiments of Dr. Thomas, of Baltimore, that it was the tannin contained in tea, which produced this loss of bitterness. Having for two years past prescribed tannin and quinine in all cases requiring the use of the latter remedy; having found this tannate of quinine a more efficient preparation than the sulphate, both in the treatment of intermittents and in neuralgia; and having seen none of those peculiar effects upon the head observed ordinarily in the use of this article, I wish to call the attention of the profession to its value. I have by me a number of cases in which benefit has resulted from its employment, where the sulphate had been used without good effect, or where its use could not be borne. One case of intermittent, occuring in a delicate child, in which I had used sulphate quinine, various vegetable tonics, iron, and finally Fowler's solution, without any other than a temporary effect, yielded to this remedy. In many other cases of neuralgia occurring in very delicate women, where I was assured that quinine had been frequently attempted to be given, and that its use could not be persevered in because of the headache and other severe symptoms that ensued, I have given large quantities of the tannate with happy effect on the disease, and without any injurious result. In some very susceptible persons a slight ringing in the head was perceived, though not complained of, after a large quantity had been taken. My usual mode of administering the remedy is to have it made into pills, containing two grains of quinine two of tannin each; or, if the patient is very susceptible to the action of the remedy, three grains of tannin to two of quinine. I prefer it in pill form, because, in solution with so large a proportion of tannin, while the taste of the quinine would disappear, that of the tannin would be very disagreeably perceived. In those cases of neuralgia where quinine and iron are indicated, I have not thought fit to combine quinine, iron and tannin in one pill, but have given on one day as much tannate of quinine alone as I would have given of quinine combined with iron in two days, and on the preceding day have also given as much iron alone as I would have given combined in two days.

This compound of tannin and quinine is also serviceable as an astringent in the dysentery of the season, and can be used as such with good effect. I mention its use, that others may be induced to try it, and that by the observation of many physicians, its claim to notice, as a compound of quinine that can be given without any injurious effect, may be decided upon. My own experience is in its favor.

ART. VI.—*A Few Hints in Treating Urinary Affections.*

Dr. Bird concludes his work on the above subject by the three following rules:

1. Whenever it is desirable to impregnate the urine with a salt, or to excite diuresis by a saline combination, it must be exhibited in solu-

tion, so diluted as to contain less than five per cent of the remedy, or not more than twenty-five grains in an ordinary draught. The absorption of the drug into the capillaries will be ensured by a copious draught of water, or any diluent, immediately after each dose.

2. When the urine contains purpurine, or presents other evidences of portal obstruction, the diuretics or other remedies employed should be preceeded or accompanied by the administration of mild mercurials —taraxacum, hydrochlorate of ammonia, or other cholitic remedies. By these means, or by local depletion, especially by leeches to the anus, the portal vessels will be unloaded, and a free passage obtained to the general circulation.

3. In cases of valvular disease, or other obstructions existing in the heart and large vessels, it is next to useless to endeavor to excite diuretic action, or appeal to the kidneys by remedies intended to be excreted by them. The best diuretic will, in such cases, be found in whatever tends to diminish the congested state of the vascular system and to moderate the action of the heart, as digitalis, colchicum, and other sedatives, with mild mercurials.—[Brit. and For. Med. Chir. Rev. from the Dublin Med. Press.

ART. VII.—*Iodide of Potassium in Sciatica.* By M. Isarie.

M. B., aged 56 or 57, of bilious temperament, having always enjoyed good health, with the exception of slight attacks of sciatica, was in September last attacked with a return of the pains but of such violence that he was confined for a fortnight to his bed, without deriving any benefit from bleeding, blisters, or the application of the salts of morphine. He was ordered 8 grammes of Iodide of Potassium in 125 grammes of sweetened water, to be taken in two portions during the twenty-four hours. That same evening he felt relieved. The same dose was repeated in the same manner the following day; the pain subsided at once, and the patient had a good night's rest. Mrs. de V., aged 30, of bilious temperament, was attacked in March with excruciating pains, and was cured in forty-eight hours with the same dose of Potassium. In the same month, I myself suffered severely from sciatica, and which deprived me of sleep for ten days; I took eight grammes of Iodide of Potassium during the day, and at night I had but the remembrance of my sufferings which have never returned.—[Gazette des Hopitaux.

ART. VIII.—*Yeast in the Treatment of Boils.*

Mr. Mosse, in a communication in the Lancet (July 31, 1852,) states that, "During a period of eight years and more, being in prac-

tice in the West of England, where these annoyances rather raged, and were known by the name of 'pinswills,' I was induced to try the efficacy of common yeast (having failed to give relief in general modes of treatment,) in doses of a table spoonful with some water three times a day, for an adult, and smaller doses for children.

"I have now practiced in this town nearly six years, and have had frequent opportunities also here of witnessing the good effect of yeast in these troublesome affections, easily consummating a rapid and complete cure without further recurrence and by a most simple remedy, within reach of all."

ART. IX.—*On Healthy and Morbid Menstruation.* By H. Bennett, M. D.

Dr. Bennett treats of the physiology of menstruation; of dysmenorrhœa; of menorrhagia, and of amenorrhœa.

Menstruation, Dr. Bennet remarks, is best elucidated in the elaborate work of Pouchet, published at Paris in 1846, entitled Theorie Positive de l'Ovulation Spontanee, in which, as he states, is contained a full and complete account of the author's own important researches, as well as those of nearly all the ancient and modern writers on the subject. To M. Pouchet belongs the credit of having been one of the first to broach the doctrine of spontaneous ovulation as a law in the female of mammiferæ, and also of having established this law in the most irrefutable manner by experiments, and by analysis of all that had been done by his fellow-laborers in this field of observation.

Dr. Bennet states, that clinical experience has satisfied him that morbid menstruation is "nearly always, when strongly marked and inveterate, the result of positive disease of some portion of the uterine system, and, generally speaking, of the uterus. That such is the case, must be admitted as probable, when we consider that the function, although presided over by the ovaries, is accomplished by the uterus, which contains an extensive mucous surface."

Dysmenorrhœa is considered as, 1st, Constitutional; 2d; Accidental; and 3d, Physical. Regarding the latter, he is somewhat at issue with Dr. Simpson.

Treatment of course varies according to the cause of the dysmenorrhœa. Subjoined is an abridgment of what Dr. Bennet says on the subject.

Constitutional dysmenorrhœa may be palliated, but can seldom be removed by medical treatment. For young females who suffer from it, the discipline of public schools is nearly always too severe, and often lays the foundation for much future physical and mental misery.—That this must be the case, will be easily understood when we reflect that the domestic treatment of this form of dysmenorrhœa consists principally in rest and warmth. Females who suffer habitually from dysmenorrhœa, whatever their age, should remain quietly at home,

taking care to preserve themselves from atmospheric vicissitudes during the first day or two after menstruation, which is the period during which the pain is mostly felt. A warm hip-bath will often be found useful. If the pains are very decided, it is best to confine the sufferer to bed, and to apply warm linseed poultices to the lower abdominal regions.

In severe dysmenorrhœa, connected with uterine diseases, the only efficacious treatment is that of the cause of the disease which occasions the dysmenorrhœa. As time is required, however, we are often called upon, even in these cases, to treat the dysmenorrhœa as a symptom. From fifteen to thirty minums of laudanum, mixed with a little warm water, injected into the rectum, will generally as much soothe the uterine pain, as would double the quantity taken by the mouth.—Dr. Bennet has also found chloroform of great value in these cases. It may be inhaled or administered by the mouth, in doses of from twenty to forty minims, mixed with mucilage, the yolk of an egg, or with camphor, which favors its suspension in water. He has given it by injection, but with less success, as it appears, generally speaking, to irritate the rectal mucous membrane, and is consequently not retained. When it is retained, the sedative effect is nearly always effectually produced. Although the chloroform may thus often be resorted to, with great benefit in dysmenorrhœa, he does not find that as much reliance can be placed in it as in opiates. Antispasmodics and narcotics as palliatives, may be administered with benefit in dysmenorrhœa.

Dysmenorrhœa being so frequently caused by inflammatory disease, explains the success which often attends blood-letting, both general and local, and which has induced so many authors to recommend it, although unaware of the pathological state whiah it relieves. General blood-letting acts by revulsion; whilst local blood-letting directly relieves the congested and embarrassed abdominal circulation. He seldom, if ever, resorts to general bleeding in dysmenorrhœa, because the relief which it gives is obtained at too great a sacrifice of the strength of the patient, and cannot, moreover, be depended upon. A few leeches applied to the groin, or better still, to the neck of the uterus, when possible, if the discharge is scanty or temporarily arrested, it is much more likely to mitigate the pain, and with less loss to the economy. Purgatives act in the same way as leeches, by depleting the abdominal circulation.

If dysmenorrhœa resist all general treatment, it is probably the result of local disease. In unmarried females, nothing can warrant manual or surgical investigation and treatment, but months, or even years, of unsuccessful treatment, and the conviction that unless they be resorted to, the case must be abandoned as hopeless. A consultation should be held when the patient is unmarried, to decide whether examination of the uterine organ be necessary.

Menorrhagia is considered with reference to its causes and treatment.

Plugging the os uteri is advised in certain cases, and the method of doing it is explained. It seems to be less painful, less clumsy, and more efficient than plugging the vagina.

In cases in which hemorrhage persists after the removal of local disease, owing to the enlargement of the uterus, to the presence of small unrecognized polypus or uterine tumor in the cavity of the uterus and its neck, or from the mere hemorrhagic habit, Dr. Bennet "has of late resorted, with encouraging success, to plugging the os uteri itself, instead of the vagina." He has, in several instances, brought the cervix uteri into view, and passed inside the os two or three small pieces of cotton, tied to a piece of thread, wedged in firmly, covering the whole cervix with two or three larger pieces, left in close contact with it on the withdrawal of the instrument. In the ordinary operation of plugging the vagina, that canal has to be distended by a large mass of sponge or linen, soaked with clotted blood, which often interferes with the functions of the bladder and rectum, is always a source of great discomfort to the patient, and is not always efficient.

Owing to the natural contractility of the cervical canal, and the pressure of the fluids from behind, if the cotton is not well pushed in, it is soon forced out. The plug may be left without renewal for twenty-four or even thirty-six hours; but in the latter case, it is generally expelled spontaneously. A small piece of sponge may be used, and is more likely to remain *in situ*, owing to its expansion; but as it is more likely to be permeated by the blood, if sponge is used, great care should be taken to extract it; to facilitate which a small piece of thread should always be tied to it, as the os uteri might not be able to expel it alone, owing to great expansion of the sponge which takes place.

In the same class of cases, Dr. Bennet has occasionally found that a few leeches, applied after menstruation to the cervix uteri, arrested the hemorrhage.—*London Jour. of Med.*

ART. X.—*On the Curative Treatment of Aneurism of the Aorta.* By O. B. Bellingham, M. D.

At the meeting of the Surgical Society of Ireland, held on the 24th January, Dr. Bellingham read a most important paper on this subject, and illustrated his observations by cases. The following are the conclusions which the author deduced:

1st. That aneurism of the aorta is not necessarily an incurable disease.

2d. That it appears to be more amenable to curative treatment than is ordinarily supposed.

3d. That treatment ought alway to be specially directed to this object.

4th. That when a spontaneous cure occurs, it is always by the gradual deposition of the fibrine of the blood in layers within the aneurismal sac, until it is filed up.

5th. That if we hope to succeed in effecting a cure, it must be by imitating the mode by which nature brings this about.

6th. That in order to favor the gradual deposition of fibrine, we should aim at diminishing the mass of blood and lessening the strength and rapidity of the current through the aneurismal sac.

7th. That this can only be indirectly accomplished by acting on the general circulation.

8th. That neither bleeding, purgatives, diuretics, digatalis, nor the various other remedies which have been employed in this disease, can be depended upon for producing these effects.

9th. That an extremely restricted diet, particularly in fluids, continued for a certain time, appears to have the effect of rendering the pulse small, compressible and slow, and at the same time, of diminishing the mass of blood.

10th. That the cases related afford evidence that these results may be brought about by treatment conducted on the foregoing plan.

11. That this method of treatment, to prove effectual, must be steadily and perseveringly carried out, and must be continued until a decided impression is made upon the disease.

12th. That it is adapted, not only to aneurism, of the thoracic and abdominal aorta, but to aneurism in any of the immediate branches of these vessels; and that if employed as a preliminary to compression, pain will be diminished, and the duration of the treatment considerably abridged.—[Dublin Med. Press.

ART. XI.—*Rules for Bleeding in Pneumonia.*

The following judicious remarks by Dr. Bennet, are perfectly in accordance with our own experience:

"If we are called to a case at a very early period, before exudation is poured out, and before dullness as its physical sign is characterized, but when, notwithstanding, there have been rigors, embarrassment of respiration, more or less pain in the side, commencing crepitation, then bleeding will often cut the disease short. This state of matters is rarely seen in public hospitals. When, on the other hand, there is perfect dullness, over the lung, increased vocal resonance, and rusty sputum, then exudation blocks up the air cells, and can only be got rid of by that exudation being transformed into pus, and excreted by the natural passages. In such a case, bleeding checks the vital powers necessary for these transformations, and as a general rule, if the disease be not fatal, will delay the recovery. I believe this to be the cause of so much mortality from pneumonia, in hospitals where bleeding is largely practiced, for in general, individuals affected do not enter into the third or fourth day, when the lung is already hepatized."

The foregoing article is from the Edinburgh Monthly Journal—our own experience in the treatment of pneumonia, which has not been very limited, has abundantly satisfied us, that in this region, at least general, bloodletting is very rarely admissible, especially in hospitals. In the few instances in which we have resorted to the lancet, during

the past three seasons, the disease has uniformily proved fatal obviously from the direct depressing influence of the loss of blood. But while this is true, we have almost always derived the greatest benefit from local depletion by means of cups, followed in due time by blisters, as well as from the sedative influence of tartar emetic. It is, however, often necessary to commence early with stimulant expectorants—such as carbonate of ammonia and senega, in order to sustain the patient during the process of transfusion.—[St. Louis Med. Jour.

ART. XII.—*On Infantile Coma.* By Dr. Barker.

Dr. Barker describes a form of coma in children, which he thinks has not been previously noticed. All his cases, five in number, were dry nursed. The drowsiness comes on a few days after birth, and gradually deepens into coma. At first the child can be roused to take food, but eventually it appears to be in a constant sleep. The evacuations were not the same in all the cases, and there was no constancy in the appearance of the urine. The surface becomes cool and the action of the heart feeble, and the respiration at the same time becoming slower, the surface of the body and conjunctiva becomes deeply tinged yellow.

In inquiring into the cause of the symptoms, the author attaches due importance to the biliary derangement, and attributes the coma to the circulation of bile through the brain. In treatment of the three first cases, which was directed towards inducing a proper elimination of bile, he was unsuccessful. He was therefore induced in the next to try a wet nurse, although from the deep sleep the child was in, it was almost impossible to get it to suck. At length it was able to do so; soon after which the yellow color began to fade, and at the same time the coma diminishd. The same rapid amendment, by the same measures, occurred in another instance.—[Charleston Med. Jour.

ART. XIII.—*Efficacy of full doses of Quinine in Comatose pernicious Intermittent Fevers.*

It appears from the following brief article in the New Orleans Medical and Surgical Journal, that our Southern Medical brethern are becoming acquainted with the efficacy of large doses of Quinine in the treatment of Pernicious Intermittent Fever. The treatment here described is not new to the Physicians of the North-west, who have employed it during the last six or eight years in the treatment of the Congestive, or Malignant intermittent fever, which occurs more or less in this latitude late in the Autumnal months. We quote it, however, to

illustrate the discrimination and progress of Western Physicians as compared with the profession elsewhere, as we believe this practice first originated in the West.—Ed.

Comatose Pernicious Intermittent Fever is, among French writers, tantamount to our *Malignant Intermittent*, attended or complicated with violent cerebral symptoms. We read with much pleasure and instruction the report of two cases of this form of fever in our industrious cotemporary, *L' Union Medicale de la Louisiane*, drawn up by Dr. Charles Faget of this city. One was the case of a Priest—the other that of a negress. Both, during each returning paroxysm, labored under stupor, or rather coma, with a small, feeble and rapid pulse, cool extremities and tongue. With much tact and *habilite*, Dr. Faget detected the *remittent nature* of the disease, and forthwith decided upon the *only* course of treatment upon which he could rely for success, being well aware that each recurring *access* but diminished his chance of success. With as much boldness as skill, he resorted to full doses of the Sulphate of Quinine, regardless of the comatose symptoms, and had the gratification of rescuing both his patients from death. He gave 35 grains of Quinine to his clerical patient at one dose, and gradually reduced it daily. As the heat returned to the extremities, the pulse rose and became full, and the head symptoms yielded. The negress was treated in a similar manner, with the addition of cold effusions upon the head, and she too gradually rallied.

ART. XIV.----*Speedy Cure of Drunkenness.*

In the Abeille Medicale, M. Lalaux mentions a novel, and, according to him, unfailing way of dissipating the effects of alcohsl, viz: enemata of common salt. Among the most remarkable cases which he narrates are the following:

"In 1840, he was summoned to three youths, who were said to be dead drunk. He found the most complete relaxation of the limbs, with total insensibility, cold extremities, livid countenance, and stertor. A clyster of salt acted like a charm, and in an hour they were able to walk without staggering."

The effect of the enema is to produce copious stools.—[*Ib.*

ART. XV.----*Wine and Honey in Infantile Marasmus.*

Dr. Baun states, that in the marasmus of infants he has derived truly remarkable benefit from the employment of a mixture, consisting of one part wine and two or three of honey, giving several teaspoonfuls daily. Not only Maderia but good Burgundy may be so employed, or when diarrhœa is not present, the Rhenish wines. Refreshing sleeps, and an increase of animal temperature, are the first effects; and an improved digestion a latter one.—[Medico-Chir. Rev.

TABLE OF FRENCH MEASURES OF WEIGHT.

We publish the table below for the benefit of those who are not familiar with the terms of French weights. It will enable them readily to translate these terms into those of our own language, and thus avoid a frequent source of embarrassment in reading the prescriptions of French authors.—[Ed.

NEW MEASURES.	APPROXIMATE VALUE.	EXACT VALUE.			
		℔.	℥.	ʒ.	grs.
1 Centigramme.	1-5 Grain.	0	0	0	0.19
1 Decigramme.	2 Grains.	0	0	0	1.88
1 Gramme.	20 Grains.	0	0	0	18.82
10 Grammes.	2 1-2 Gros.	0	0	2	44.28
100 Grammes.	3 Ounces 2 Gros.	0	3	2	10.80
1 Kilogramme,	2 Pounds.	2	0	5	35.15

OLD MEASURES.		APPROXIMATE VALUE.	EXACT VALUE.	
1 Grain.	gr.	5 Centigrammes.	0 Grammes.	033
1 Gross.	dram	4 Grammes.	3	82
1 Ounce.	oz	30 Grammes.	30	59
1 Pound.	lb	500 Grammes.	489	40

Kilogramme, weight of 1 cubic decimetre of water of the temperance of 39 d. 12 m. Fahr.....	2.6803 ℔. troy. 2.1055 avoirdup.
Gramme, 1-1000th part of a kilogramme.....	1.5438 grs. troy. 0.9719 scruples. 0.032 ox. troy.
Decigramme, 1-00,000th of a kilogramme.....	1.5438 gr. troy.
Centigrrmme, 1-000,006th "	0.1543 gr. troy.

EDITORIAL AND MISCELLANY.

SCALD HEAD AND ANÆSTHESIA.

The editor of the Boston Medical and Surgical Journal states that Scald Head has, in the North, proved rebellious to the various modes of treatment usually employed, and asks what course is pursued South and West in that malady. We cannot answer for the profession generally, in regard to this question, but we can reply for ourselves, that during the last two years, we have realized the happiest result, in the treatment of several cases of Favus, from the use of Iodide of Sodium as an internal and external application. We can recall to mind several cases, occurring during this period, similar to those which formerly resisted our efforts at cure, which have readily yielded to this remedy. The usual dose for a child, from eighteen months to three years old, has been 20 drops of a solution (20 grs. to the ounce of Gum Mucilage) three or four times daily. At the same time that we begin the ad-

ministration of this medicine, we order tepid baths to the entire body once a day, and apply at night a light bread and milk poultice to the scalp, previously deprived of the diseased hair by the scissors. In a few days the yellow crusts and morbid matter are removed from the scalp, and then we commence the application of a solution of the Iodide of Sodium to the surface. This solution is double the strength of the former, (40 grs. to the ounce of distilled water,) and applied once a day, with a very soft brush, so as to bring it in contact with every portion of the morbid surface. The strength of this solution may be increased or diminished according to circumstances, and during its application appropriate cleansing by other means is not to be neglected. Of course we cannot, upon our limited experience, speak very positively as to the proper estimate to be placed upon this remedy, or of its general application. But with proper Hygienic regulations, it has proved exceedingly satisfactory in our hands.

We desire to obtain from our friend of the Boston Journal some information upon the subject of Anæsthesia. Several gentlemen of considerable experience in the use of chloroform, have imagined that *pain* constitutes in all cases a safe guard to its employment. The question has been asked:—Has death ever occurred from the use of chloroform, where it was administered to a person suffering great pain? Not having sufficient data in our possession upon which to predicate an answer to this inquiry, we would thank Dr. Smith, who lives at the head quarters of the literature of Anæsthesia, for a reply.

PUBLICATIONS RECEIVED.

Transactions of the Third Annual Meeting of the Medical Society of the State of Georgia. Held in the city of Augusta, April, 1852.

The literary estimate which is formed of an individual or an association of individuals, from their labors and productions in a particular sphere of action, is based upon proper principles. Some persons are wholly influenced in their estimate of human character by external forms, or the importance which a man or association of men derive from public position or corporate authority. Such individuals look with awe upon official dignitaries, and make no distinction between intellectual majesty and mere conventional power, or between the simple and unassuming wisdom of the true devotee of science, and the lofty and oracular nonsense of the pedant. To seperate all extraneous influences, and judge a man by that, which alone constitutes

an index of his mental or moral excellence is not the usual practice of the world. When it becomes so, thousands of pages of useful science, neglected and thrown aside, will be regained to the world, and many minds

"Once pregnant with celestial fire,"

will be appreciated by a grateful posterity. We have been led to make these remarks by a brief review of the *unassuming* literature of our profession. Silently, year after year, from the various convocations of medical men in the several States, there go out volumes of useful and interesting truths, brought together from the city, the village and the country, place and laid down at the shrine of science. The social occasion passes away—the brethren of a benevolent and self-sacrificing calling separate and return to their toil amidst the wretched and the lowly, and soon a pamphlet containing their observations and the result of their labors goes out to the world. Who reads it? very few, in the form in which it first appears. After a time, however, some *professor*, or other conspicuous person, writes a book. He gathers up these numerous records, and out of the labors of his humble brethren—whose names are forgotten—makes a shining volume. This, of course, consecrates it—gives the compiler the immortality of an author, which grows brighter, as it makes the humble laborer more obscure.

The pamphlet before us, containing 100 pages, is a fine illustration of the intelligence and industry of the medical mind of Georgia. The proceedings, which indicate great harmony, occupy eight pages, the rest of the pamphlet being filled with very able Reports, as follows: Upon Empirical Remedies, by Robert Campbell, M. D.; On Surgery, by Henry F. Campbell, M. D.; On the Diseases of Perry, by G. F. Cooper, M. D.; On the Diseases of Roswell, by Dr. King; Report of twenty-five cases of Urinary Calculus, in twenty-three of which the Bi-lateral operation was performed by Dr. Eve; Observations on certain new remedies, by Dr. Dugas; and an excellent address by Henry F. Campbell, the reception of which, in pamphlet form, it gives us pleasure to acknowledge.

MEDICAL LECTURES.

The Lectures in the College of Physicians and Surgeons of the Iowa University will open the ensuing term on the 20th of October, instead of the 1st Monday of November as heretofore. This change was made in view of the greater facilities afforded medical students in traveling

at the earlier period mentioned. Our winters in this latitude usually open early in November and render the roads almost impassable, driving comfortable conveyances at the same time from the inland thoroughfares. The beginning of the term in November, also, extends its conclusion to the 1st of March, a period when the winter is generally breaking up and the roads again almost impassible. The early opening will bring the close early in February, when the weather is usually pleasant and roads good. These considerations will be appreciated by western students. We are happy to be able to say that the prospect for a large class is very good and that at no period of the institution's history have the opportunities for thorough demonstrative instruction been so good. We cordially invite any of our professional brethren who may pass through this city during the term, to verify this declaration by a visit to the College buildings.

SPIRITUAL RAPPINGS.

We have received quite a lengthy communication upon the subject of Spiritual Rappings from a friend who has undoubtedly discovered the true explanation of this deception. We feel compelled to decline the publication of this paper, since we believe the humbug is scarcely worth a refutation. As some of the ablest medical journals in the country, however, have devoted many pages to communications for and against it, we do not deem it altogether improper to enumerate the conclusions of our correspondent, especially as we know they may be sustained in every particular. He maintains:

1st. That these rappings which ridiculously purport to come from the spirits of the dead, are always made by the so-called Mediums, or by some one in collusion with them.

2d. That he has discovered the exact manner in which these raps are made.

3d. That he can produce them so as to elude the detection of any person who is not aware of the way in which they are made; and can do it so perfectly as to deceive the most intelligent and discriminating.

4th. He can teach any one, even a child, to practice the deception successfully.

5th. No person in the world can produce these raps upon a table or other substance, previously prepared by him, and whose position he shall indicate.

If circumstances should ever demand a more satisfactory explanation, (we do not think they will since the humbug is dying away,) the particulars of the exposition may be more fully given. It is clear and satisfactory and admits none of the objections or difficulties urged against the Buffalo explanation.

CHLOROFORM.
PURE.

Much of the Chloroform of commerce being very impure, and its use having in some cases been attended with unpleasant consequences, we have been repeatedly urged to make some, at our Laboratory, of a quality superior to that generally for sale in this market. We would therefore inform the Medical Profession, that we have prepared an article, the purity of which can be implicitly relied on.

Nitrate of Silver

Can also be obtained from us perfectly PUREr thetiskcrn,oesii crystals, manufactured at our Laboratory.

Morphine.

Our Morphine having acquired a reputation superior to any other, those who have occasion to use the article, will be satisfied of its excellence by giving it a trial.

WE ALSO PREPARE

THE SYRUP OF IODINE OF IRON,

Now so highly esteemed as a remedy in Scrofulous complaints. These articles (which it is of the greatest consequence to physicians to have of reliable quality) are, with our other preparations, offered to the notice of those desiring

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November, 1851.

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November, 1851.

THE

WESTERN

MEDICO-CHIRURGICAL JOURNAL.

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ART. I.—*Two Persons Poisoned by Mushrooms.* By Prof. A. S. Hudson, M. D.

We were on the 13th of October called in consultation, to a woman about 40, and her son of some 22 years of age, living in the vicinity of this city.

In the history of the cases it appeared that three days previous to our visit, on Sunday evening, a considerable quantity of mushrooms had been indiscriminately collected and fried for the family meal at supper; of which the young man stated he "ate three times as many as his mother." In the night, about six hours thereafter, the mother was attacked with pain in the bowels, sickness, vomiting and purging of great severity. The rectal excretions soon became copiously mixed with blood, which continued for several hours.

When on his way to his daily labor on Monday morning, the young man above alluded to, was attacked with such excessive purgation as nearly prevented his return to the house, which continued several hours, when it was permanently checked. He had subsequent vomiting, but no bloody evacuations.

Two young children who also ate of the mischievous mushrooms, were seized with slight visceral derangement, but soon recovered.

At the time we saw them, on the third day, the young man and his mother were suffering great prostration, although the puking and defluxious from the bowels had ceased. The pulse in both cases was

small, soft and nearly imperceptible; unmitigated thirst, painful, tender and tumid abdomens, oppressed breathing, occasional syncope, and difficulty of lying on the left side. The attendants indulged the opinion that a perceptible mushroom or earthly odor emanated from the breath of the patient. In the female, the abdominal tumefaction was less general than in the male, rendering the hardened and circumscribed enlargement of the liver quite palpable to the touch. In the male there was a livid surface and anxious countenance. In both cold extremities and threatening dissolution.

Believing the gastro-intestinal inflammation, though aroused by a specific poison, called for energetic antiphlogestic measures, and hoping much of the cardiac depression might be due to a sthenic phlogosis, a "tentative" bleeding was resolved upon; but three ounces of blood from the arm of the young man, in a sitting position, disappointed the expectation that the heart's action would rise and the pulse become more full.

The poison was still at work, pervading all parts of the body, and laying such heavy impediments upon the circulating system, as to plainly indicate the heart to be the door-way of death's invasion.—Cups and fomentations to the female were equally fruitless. The cerebral and muscular systems were undisturbed, until a few hours before death. The mind was lost in a feeble indulgence of delirious levity.

The *post mortem* appearances in both cases, were chiefly confined to the liver, color, and omentum. The liver was extremely conjested and enlarged to double its usual size; its color, both of the surface and stroma, was of a dull yellow, intermixed with small irregular marks of deep red, giving to its general appearance, on close inspection, a mottled tint. On the omentum were numerous dark red spots, the size of a dime, and some of them larger; to the eye, these were not unlike centres of recently extravasated blood. Such morbic appearances are but poorly depicted with the pen, compared with the close imitation obtained by the agency of pigment. The mucous membrane of the stomach of the female was slightly eroded and conjested, while in the male this tissue lay in folds, blanched as colorless as boiled fish, but otherwise sound. The cavity of both stomachs contained near half pint of thick, tensiously yellow mucous. The colon in each case presented a condition somewhat remarkable.

From the full distension of the abdomen, oppressed breathing, and arrested motion of the bowels for the space of twelve hours or more, prior to death, we were led to believe the alimentary canal, and particularly the colon, were painfully distended with air, as is found in what Ramsbotham describes as false or spurious peritonitis. But its

inspection proved the ascending and transverse sections to be *uniformly constricted to the caliber of the thumb:* and in the female subject, deep patches of sanguineous conjestion stood upon the outer surface; the mucous membrane being minutely iujected; but in the young man the part was quite exsanguined.

Remarks.—The Fungi embrace a class of plants belonging to the great division of cryptogamia of far more interest to the naturalist than to the epicure. In this land of plenty, it appears like an unhappy resort for individuals to betake themselves to a treat of mushrooms, under the impression that the wild morsel is a dainty rarity.

For our own part we would hasten to pronounce fish-worm soup a rare delicacy as soon as this fungus. The naturalist looks upon this order of plants as the first effort towards vegetable growth—as the connecting link between the two great worlds of organized and inorganized matter. The idea of a plant is here typified in its simplest rudiments.

The mushrooms are largely consumed in some countries. So highly are they esteemed that the Russians eat some sixteen varieties of the *agaricus.* We have seen one indigenous species of this genus employed for food; and the morchelia esculenta is occasionally found in this vicinity. But the poisonous kinds of the *agaraci* of the section *amaneta* seem to be most numerous, and flourish with unrestrained luxuriance. The Lycoperdon is often noticed inthe Mississippi valley to grow to the enormous size of nearly a foot in diameter.

The noxious species of the amaneta which were unfortunately eaten by the Pattison family, as above detailed, possess pedestals or stalks, three or four inches in length, and *smaller* at the top than at the base, on which stem the umbrella like "pileus" or "hat" rests. The color is of a milky white, which at length becomes yellowish brown on top, and straw color underneath. It has a faint earthly odor, whereas one of the esculent varieties of Agaricus which we have seen employed for diet, possess a short stalk, one inch in length, and *larger* at the top than at the base. Like the others, its general appearance is white, but of a pink color on the under side of the *pileus* or umbel, which subsequently turns to a claret brown. No anatomical characters are known whereby the poisonous ones may be distinguished from the esculent kinds.

ART. II.—*Notes of Practice.* By THOS. KERR, M. D., *of Elgin, Illinois.*

A few statements regarding the disease lately prevailing in this region may not be amiss to your readers. Since the middle of August, derangement of the stomach and bowels has to a great extent, been the experience of our inhabitants. Accompanying this, there has been an alarming tendency to vital prostration. What in ordinary seasons would have been considered a slight diarhrœa, and treated as such, has, if unchecked, rapidly inclined to extreme debility and death. In such cases the symptoms were unquestionably those of cholera.

As the result of observation under these circumstances, I have noted, in a marked manner, two peculiarities; first, where the patient became collapsed, medicine was of no service whatever in arresting the fatal termination; and second, in cases where proper medicines were used, from the first symptoms of derangement in the bowels, the result was uniformly favorable.

So terribly malignant were some of the attacks here, that from the first appearance of diarrhœa and vomiting, till the grave closed its portals on the scene, scarce twelve hours elapsed. In fact the evacuations appeared more the *result* than the *cause* of disease and death. In several cases of collapse, life lingered for two or three days, and presented apparent reaction in the vascular system, but the great nervous centres made but a feeble response, the brain especially indicating fatal depression, and in one or two instances accompanied with pain and delirium.

It soon became evident that medicines were powerless in rousing the vital energies in collapse; though the evacuations were in almost every case checked by ordinary styptics, still the tendency to death was so *determined* that the most judicious treatment was entirely futile. The whole list of stimulants was exhausted again and again, without affording one possessing efficacy in these rapidly fatal cases.

Those patients who sought assistance on the first appearance of intestinal derangement afforded a good opportunity of testing the comparative value of certain remedies, together with the great importance of correct treatment. I repeatedly had occasion to notice that where the secretions were supposed to be in fault, especially that of the Liver, and treatment instituted accordingly, viz: Calomel or Blue mass, the result was invariably to be regretted.

In my practice, I eschewed all aiming at particular secretions, considering the entire mucous membrane of the alimentary tract the seat

of disease, and this, not the *result* of faulty secretions, but *primarily* influenced by the subtle morbid agency determining to that extensive membrane. By this influence, a tendency to flux and vital debility was induced, and therefore the indication of treatment pointed quite differently than to the ordinary cause of such symptoms This was amply demonstrated in several of the most rapidly fatal cases; where the usual meals had been taken without any symptoms of functional derangement ensuing, up to the moment of attack. The idea that the morbid secretions of the intestinal tube were the cause of the fatal tendency just mentioned, indicated treatment most palpably erroneous.

That there existed a decided and active proclivity to profuse liquid stools in most of the patients, became apparent, by the certain return of diarrhœa when the influence of the medicine passed off. One case, in a family where two of its members were cut off in six hours illness, kept up this disposition to profuse discharges for five days.—During this time, the patient, a little boy 2 years of age, retained his appetite and cheerfulness, though immediately seized with rice-water discharges in rapid succession, every time he was allowed to remain a few hours free from the influence of the treatment followed. This occurred three times during the five days, the evacuations ceasing on the repetition of the medicine. On the sixth day, this singular disposition ceased, and the patient has been quite healthy since. Numerous patients were so influenced, and the dangerous predisposition as easily staved off; while thus requiring and receiving treatment, they pursued their usual avocations and experienced no sign of faulty digestion or alimentary secretion.

Having this opinion of the nature of the malady, I expected that remedies directed to the locality would be of most service. The following prescription has answered in every instance in my hands, the indication presented:

℞ Pulv. Catechu,	grs ijss.
Pulv. Camphor,	grs ij.
Pulv. Opii,	grs ss.

This was given, generally, once every two hours, till the symptoms —vomiting, purging, or uneasiness in the abdomen—ceased; the five grains forming a dose for an adult. In the preparation of the above compound, I triturate the several ingredients very thoroughly, separately, and then together, till a fine powder is the result. It can be used for many days in succession, calming irritation, dispelling flatulence, speedily checking diarrhœa and vomiting, dissipating the tor-

mina and tenesmus, and producing a general quietude among the viscera of the abdomen. The powder was first prepared by Prof. Richards, and sustains my experience of it in the hands of several medical friends.

Calomel has been highly praised as a remedy of value in diarrhæa and vomiting; I found that though unquestionably the "sub muriate" is a powerful sedative to the mucous membrane, checking flux and emesis, still it *had to pass off sooner or later*, and in so doing *induced free liquid stools*, which again opened the flood-gates for the abiding tendency to profuse evacuations and their attendant prostration. This became so evident, that I declined the use of calomel entirely. Where vomiting continued obstinate, opium, in one grain pills, proved very useful; the pill seemed to escape ejection and speedily developed its anti-spasmodic properties. Morphine, creasote, hydrocyanic acid, &c., were generally valueless in these cases. Sulphuric æther poured on the epigastrium, and immediately covered, to prevent evaporation, at once checked the spasmodic vomiting so frequently present: it formed the last resort, and acted like a charm when the other remedies indicated, failed.

Among the stimulants found most available, were Carbonate of Ammonia and the Comp. Spts. of Lavender. Brandy seemed to excite the brain unfavorably, and I early dispensed with its use. The Lavender acted locally on the mucous membrane, producing scarcely any cerebral excitement, and I found more favorable results from its use than from brandy or other liquors.

September 15th.—Mr. B., while engaged in thrashing, was caught by the "tumbling rod" of the machine, and sustained a dislocation of the left Femur on the dorsum of the Ilium. Dr. M. and myself, reached him in about two hours after the accident, and proceeded at once to the reduction.

An eastern medical journal of July contained an article on the use of Chloroform applied locally, stating that its effects were direct and powerful, as an anti-spasmodic and anæsthetic.

We resolved to test this on the case before us. There was great pain and rigidity in the region of the displaced femur, the necessary examinations being attended with much suffering.

After all our appliances were adjusted, about two teaspoonsfull of chloroform were poured on the surface over the dislocation, and immediately covered to prevent evaporation; this produced smarting.—In about three minutes the required manipulations were commenced, and the head of the femur slipped into place in as many more. The

patient felt no pain whatever in the hips, the only place he complained of, being a little above the knee, where the extension band was fixed.

The case was very satisfactory, and impressed me with a desire to examine still farther into the influence of chloroform as a local anæsthetic.

ART. III.—*Why Such Quantities of Calomel are Consumed in the Western States.* By CHAS. R. CURTIS.

It has long been the subject of remark and inquiry by the druggists and physicians of the east, why it was that such immense amounts of Calomel were annually consumed in the Western States? Some have endeavored to ascribe it to a general inferiority in the qualifications of the physicians of the west, and declare that Calomel constitutes the principal ingredient of every doctor's prescription for most diseases; of this class of reasoners, however, I am happy to say that the number originally small is daily growing less, and it is a fact now well known to intelligent and scientific men, that the physicians of the west stand pre-eminent in point of professional attainments. Another class of medical philosophers, taking more enlarged and liberal views of the subject, have attributed it to some peculiar condition of the atmosphere and climate which generates an extraordinary susceptibility to biliary diseases, &c. Indeed this idea has become so thoroughly imbued in the public mind throughout the eastern States that a man there would hardly dare to visit our beautiful country without first providing himself with a double supply of some celebrated Anti-Bilious Pills. This explanation, however, though infinitely superior to the former, is, as we shall endeavor to show, far from being the only or primary method by which this remarkable consumption of Calomel is to be accounted for.

That the sudden variations of climate, and consequent alterations in the atmosphere which are so common to the eastern States do take place in the western, though not to so great an extent, cannot be denied; and that they may and do excite disease in a constitution already predisposed to it, we freely admit. But that in the generality of cases there are other circumstances within the control of the patient, if understood, operating to predispose his constitution to disease, and developing a diathesis ready, upon the slightest exposure, to break

forth with all the phenomena of confirmed disease, we hope to be able to prove.

First, let us examine into the mode of life of the western people and see if we cannot there find some circumstance or peculiarity pointing to a more satisfactory solution of this question, and for the convenience of illustration as well as from the numbers who follow that avocation, let us choose as the subject of our investigation, the Farmer. Let us suppose him to be in the noon-day of life; a man of Herculean strength; the roses of health are blooming on his cheeks, and his iron frame and buoyont energy seem as though they might well withstand the assaults of time for a century. He is the owner, perhaps, of a beautiful farm on one of our high and rolling prairies, and probably the husband and father of a lovely family. He now for the first time begins to conform to the habits and customs of the western people.—He becomes schooled in the hygienic rules and opinions of the community in which he lives; and in a few short months the unmistakeable marks of his false doctrine are clearly impressed upon his countenance in letters *like* gold.

> "And with a green and yellow melancholy he sits,
> Like patience on a monument smiling at grief."

A physician is called; the symptoms are too well developed to admit of a doubt, and almost involuntarily the doctor turns to his Calomel box, the great specific is administered, and after going through the regular routine of a mercurial purge and its consequent debilitating effects, our friend finds himself once more prepared to engage in the active duties of life, and once more exposes himself, with a renewed energy, to the deleterious influence of the original exciting cause.

But let us follow our friend a little farther and examine closely for the circumstances that have contributed to produce this astonishing change. Let us enter into his family circle and partake of his hospitality. It is the month of August, and he has been all day toiling beneath the burning rays of a mid-summer's sun. He returns to his family to rest and refresh himself. He feels that he needs something to strengthen and sustain him. His wife, under the same impression, has kindly prepared for him what she considers the most nutritious meal at her command. A large deep dish occupies the centre of the table, in which the luscious lumps of *fat* are floating in a sea of *gravy*, such a food as Iceland's sturdy sons might glory in. A little to one side of this there sets a plate of biscuit, smoking hot, which the good woman, in her laudable desire to render nutritious, has kneaded with

oil instead of water. On the opposite side of the meat dish sets a large corn pone, through which, for the same laudable purpose, large slices of *fat* pork from the fattest porkers, are bountifully interspersed, and to these are added, for the sake of vanity, a few potatoes fried in *fat.*

These things constitute the principal part of a very *fat* supper, from which our friend will doubtless make a very *fat* meal, so that it may be truly said of him that he "lives on the *fat* of the land." After supper he seeks some cool spot where the wind may have free access to him, to sit or lie down, probably on the damp earth, his clothes dripping with perspiration, where he remains until bed time. The same process is repeated day after day; sickness may check but cannot change his course until at length he becomes the victim of Hypochondriasis and the picture of despair.

If this, however, was the worst result to be feared, he might truly congratulate himself, but on the contrary, it is more frequently only the precursor of a more deplorable and hopeless organic change.—Now, lest some of my eastern readers should suppose that this account is somewhat exaggerated, let me assure them that it is a true picture from life, one which no man who has traveled in the western States can fail to recognize. And to this circumstance is to be attributed the fact that so many strangers who visit this country and travel through the interior, are attacked with biliary diseases.

But it may be asked, Why is it that these remarks apply more particularly to the western people? Why is it that the people of the eastern States do not consume as much oily and animal food as the western?

This question we think will admit of a very simple and satisfactory answer. In those wealthy and more highly cultivated States there is a greater amount of fruit and vegetables raised, they are cheap and easy to be obtained, while animal food is very high. On the contrary, in the western States fruit and vegetables are as yet very high and scarce, while animal food is cheap and easy to be obtained; and when we consider that cheapness is a matter of the greatest importance to the masses of the people, we can readily appreciate how it may regulate, to a great extent, the quality of their food.

But let us take a more physiological view of the subject, and aided by the light of science, endeavor to ascertain what we should expect would be the result of the daily introduction of such enormous quantities of Carbon into the system during the sultry summer months.

The lungs are the great organs by which the human body is ena-

bled to maintain a uniformity of temperature and sustain life through the greatest extremes of heat and cold to which our planet is exposed. The process is beautiful but the limits of our space will not permit us to dwell upon it. Carbon is taken into the system with the food we eat; Oxygen is absorbed from the air we breathe, passes into the circulation, and there a chemical combination takes place with the carbon, by which caloric is evolved and carbonic acid set free, which being carried again to the lungs, is there eliminated with the expired air. Thus the amount of carbon consumed in the process of respiration will be exactly in proportion to the quantity of caloric required for the maintenance of animal heat, and the quantity of caloric required for the maintenance of animal heat will depend upon the rapidity with which it is evolved from the system, and this again will be governed by the temperature of the surrounding atmosphere; consequently we find that during the warm summer months, those persons who confine themselves to a vegetable and farinaceous regimen, enjoy better health and suffer less from the extreme heat, than those persons who indulge in more highly carbonized food; whereas, in cold winter weather, we find that the same amount of carbon that would be productive of disease in summer, may be taken with impunity, and even is required.

Nature has exemplified this, in the beautiful manner in which she has adapted herself to the varied wants and necessities of man, whatever climate he may inhabit; thus we find that in the torrid zone, where the climate is extremely hot and oppressive, the finest fruits and vegetables grow in the most luxuriant profusion, whereas, in the cold and ice-bound regions of the frigid zone, vegetation can scarcely be said to exist, and the inhabitants are compelled to seek their sustenance among the peculiar animals which share with them that dreary abode; they eat enormous quantities of fat and oil such as the more delicate stomachs of the people residing in our temperate climate could not possibly retain.

But is there no other outlet for the remaining unappropriated carbon? Undoubtedly. The principle office which the liver serves in the economy, is the elaboration of bile. A portion of this bile is employed in the process of digestion and reabsorbed into the system, the remainder passes on to be discharged with the fæcal excretions. Now the chemical analysis of bile given by Berzelius and others, clearly show it to contain a large proportion of carbon; hence here we find a channel through which in health the superabundant carbon is discharged. Now, if by any circumstance the quantity evolved by the

lungs should be diminished, while the whole amount to be discharged remained the same, or should the quantity taken into the system be unnecessarily augmented, as a consequence the amount remaining to be eliminated by the liver must necessarily be proportionally increased, and should the liver fail in the performance of its exalted task, there will be an accumulation of carbon in the system, which if not deposited in the form of fat, will soon, operating as a foreign poison, both predispose to, and excite disease.

Now this is exactly what takes place in the case of our friend, the farmer, and his is but a *fac simile* of the condition of a large proportion of the population of our Western States. We find him during the hottest season of the year, when fuel for the maintenance of animal heat is least required, eating large quantities of oily and other carbonaceous food ; now the formula for pure oline is given as C. 94, H. 87, O. 15; thus showing that the proportion of carbon largely predominates.—The effect of this, as before shown, must be an increased burthen upon the liver, but we find him suddenly relinquishing active exercise, and an extreme degree of heat for the most perfect quiet and exposure to a cool breeze in a damp place. The result of this will unquestionably be to drive the blood from the superficial capillary vessels upon the internal viscera, the liver becomes enlarged and conjested, its function is interrupted and the poisonous material is driven back upon the system, and we have head-aches, and back-aches, and shoulder-aches, and hypochondriasis, and jaundice, and bilious fever, &c., arising from its morbid influence ; digestion is imperfectly performed ; the bowels become constipated ; his appetite fails him ; and the patient is apt to conclude that in him are combined "all the diseases to which human flesh is heir." The blue pill, operating, probably brings relief. But under constant repetition, the same causes, operate in the same way, but perhaps in a more intense and aggravated form.

Now, let us consider for a moment what is the duty of the medical profession under circumstances like these. The effects of a continuance of such a course extend not only to the present victim, but are calculated to degenerate the human race. We know that under the present exalted condition of civilization it is impossible for any individual to approximate to perfection in more than one science or art. Each particular avocation offers to its cultivators a field of endless advancement. The good physician cannot be the good lawyer; the good lawyer cannot be the good mechanic ; neither can the good mechanic be the good farmer. Each, in order to attain skill and eminence in

his occupation, must devote his whole time and energy to its cultivation. The lawyer, the farmer, the mechanic cannot pause to investigate the philosophy of life. Neither can the physician cease his labors to accomplish himself in any other science or art. Each then should so appropriate the fruits of his labor as to improve and benefit the whole. And the physician should endeavor and strive to impress upon the minds of the people those great truths which he has culled from the accumulated wisdom of the world, which from their simplicity may be appreciated, and are calculated to ameliorate their condition, or lessen their sufferings. And we may safely say that in a few short years, when the minds of the people have been thoroughly awakened upon this subject, when the great vineyards that surround us are growing with grapes, our beautiful country will rival Italy's sunny shores in the salubrity of her climate as well as in the surpassing loveliness of her sky, and then, too, will the valley of the Mississippi, the fountain of freedom and the favored land of heaven, leap to take her destined position as the garden of the world.

ART. IV.—*Psoriasis Palmaris Cured by Iodide of Arsenic.* By J. F. Sanford, M. D.

Mr. J. Reed, of this city, merchant, aged 38 years, of sanguine temperament and vigorous constitution, applied to me, some time during the past July, on account of a disagreeable and troublesome affection of the hands and feet, with which he had suffered for the previous five years. Upon examination we found the palmar surface of both hands, wrists, and the heels of both feet covered with thick dense epidermal scales, very dry and hard, with deep fissures or cracks extending in the direction of the natural furrows of the palm and fingers. The hands and feet were extremely stiff and painful and any attempt to use them suddenly, was attended with an increase of pain, and bleeding from the cracked portion of the diseased surfaces. There was also a very troublesome pricking or tingling sensation in the parts and a burning or itching that much annoyed the patient. The eruption in question made its appearance by one or more inflamed and painful spots, of a dull red color, which extended in various directions, frequently coalescing. After a short time these patches became covered with scales, which increased in number and thickness until the epidermis seemed thick and hard as leather, and cracked as above men-

tioned. Occasionally when these inflamed spots occurred in exposed situations they would suppurate and thus augment the suffering and discomfort of the patient. The discharge from these little abscesses was thin and sanious, and after its escape the spots seemed disposed to heal without those further changes, described as occurring when suppuration did not take place.

Inquiries were made relative to the influence of season upon the development of the disease, but it did not appear that it underwent any great change at any particular time. The eruption had been constantly present, to some extent, for five years, and although partially disappearing occasionally, these periods of partial exemption had no connection, as far as the patient was aware, with the season or with his habits of life.

He had applied to numerous physicians, from whom he had doubtless taken the usual remedies, and had also used various popular medicines, but without relief.

The *cause* of the disease, in this case, was obscure. There was no constitutional indisposition, nor anything in the patient's occupation or habits, that could act as a local irritant in its production. His general health was remarkably good; he had not suffered a functional disturbance for months, and presented, when I saw him, otherwise than in the respect mentioned, a perfect physiological condition.

I commenced the treatment by ordering him to drink freely of cream tartar, until the bowels were moved, and to apply at night a bread and milk poultice to the diseased parts. The poultices—which he had frequently applied, always relieved the heat and pricking of the parts, and softened the thickened epidermis, so that he could scrape away considerable portions after its removal. During the day he kept a cloth to the feet, wet in a strong solution of the Bicarb. of Soda, and frequently washed the hands in the same.

I was led to the employment of Iodide of Arsenic, by accident. I had intended, after a brief preparatory treatment, to place the patient on a more energetic course, and had thought of the Liquor Hydriodatis Arsenici et Hydrargyri, as the medicine to be used, as recommended by Dr. Graves, of Dublin. Finding myself unable to procure this at our drug stores, and having much confidence in the combination of Iodine and Arsenic in the treatment of various cutaneous diseases, I resorted to the Iodide of arsenic.

Eight grains of this medicine were dissolved in four ounces of distilled water. Of this solution, twenty drops were given three times a day, in a few drams of sweetened water. At the same time, fifteen

grains of the same medicine was thoroughly incorporated with one ounce of simple cerate, a small portion of which was well applied to the diseased surfaces every morning after the removal of the poultice. The parts were thus in a soft state, admitting, without pain, the removal of the thickened cuticle, after which they were in good condition to receive the ointment.

This treatment was followed by the most decided and happy results. In two weeks the patient was very much improved, and in six weeks from the time it was commenced, no vestage of the disease remained. Two months have elapsed since the cure appeared complete and there is no return of the disease. This being the first thorough disappearance of the eruption in five years, together with its exemption from the modifying influences of season, encourage me to believe that the cure is permanent.

The prompt and decided effects of the Iodide of Arsenic in a case calculated to test its curative powers, justifies the inference that it is a remedy of peculiar efficacy in the treatment of the various forms of Psoriasis. No disagreeable local or constitutional effects followed its use.

I am at this time employing the same remedy in a protracted case of Pityriasis, with the prospect of a similar happy result.

SELECTED PAPERS.

ART. V.—*Practical Chemistry, a Branch of Medical Education. Considered in a Brief Letter to his Class.* By Alfred M. Kennedy, M. D., Lecturer in the Philadelphia School of Chemistry, &c., &c.

[After some judicious remarks upon the relations of Chemistry to the other branches of study embraced in the Curiculæ of Study, in American Medical Colleges, Dr. K. continues:]

The science we profess naturally arranges itself under two heads—one, the study of Disease; the other, the study of Medical Natural History—including man as a part of creation, and the substances which act upon his organism. There are two sciences which claim the attention of students of either of the divisions. These are Anatomy and Chemistry. The former by assent, ancient and honorable, regarded as the basis. The latter making such rapid advances, and so reveal-

ing the mysterious conditions of health, of disease, and of cure, as to be now worthy of a position equally responsible.

In Anatomy, despite well prepared lectures, and the aid afforded by the exhibition of plates, models, diagrams and dissection on the dead subject; all it is notorious, will not suffice. The scalpel must be in the hand of the student, and he himself must carefully separate the tissues, display the muscles, and lay bare the deep-seated apparatus of life. Now, Anatomy is a science, the acquisition of which depends mainly upon observation. Chemistry requires both observation and experiment. The appearance of a reagent, of a solution, and of the result of the combination, are acquired by the same mental process by which one obtains a knowledge of Anatomy—of the form, consistence and position of the vessels of the human body. The forms, hues, manner of deposition and consistence of precipitates and sublimates, are various and multiplied, and their study alone requires the closest scrutiny. Superadd to this the many precautions to be taken in forming them, in the art of testing generally, and the weighty consequences which in pathological and especially medico-legal questions result from fallacy. Now a knowledge, neither of the appearances presented in the test tube, or of the manner of producing these appearances. can be gained without repeated practice. This practice the present college courses, admirably illustrated and powerfully enforced though they be, cannot bestow. In Europe, where such courses are generally provided with more extensive and costly apparatus than with us, the idea of this sufficiency has been abandoned; and even at institutions where Anatomy necessarily engages much of the attention, in addition to the duties of the chemical chair, the class is taught practically by a "Demonstrator of Chemistry." The following examples may be cited:

Medical Boards.		*Study of Practical Chemistry prescribed.*
Royal College of Surgeons,	London,	6 months.
" "	Dublin,	6 "
" "	Edinburgh,	3 "
University of Edinburgh,		3 "
" Aberdeen,		3 "
Faculty of Physicians & Surgeons, Glasgow,		3 "
British Army,		6 "
" Navy,		3 "
La Faculte de Medicinede, Paris,		3 "

It would appear from a comparison of the above table with the annual announcements of our Colleges, that the best of them are behind some of the inferior institutions of Europe in the teaching of this branch.

The cause of the deficiency amongst us is probably owing, not to a lack of appreciation of the want of the student, nor of indifference to its supply, but to an apprehension that Practical Chemistry cannot be taught, without monopolizing too many of the hours of attendance already allotted to other subjects. That this apprehension is not well founded, you are living witnesses.

The best schools of Chemistry are unquestionably in Germany.—They are generally large and expensive establishments, supported wholly or in part by government, with extensive ranges of buildings, furnaces and apparatus, involving an enormous outlay; students enter them for one or more years, during which time leisure is seldom afforded for other studies. No regularly concerted nor uniform course of instruction is ordinarily adopted, but each student works independently of his neighbor, following frequently the bent of his own inclination, and merely calling upon the Principal for advice when a difficulty presents. Many who have studied in these schools have imbibed the notion, that Chemistry can be taught in no other way.—That in asserting the possibility of teaching it with success simultaneously and practically, to a class, we presuppose an equality of mental and manual aptitude, which does not exist—and that consequently the many would be wearied by a repetition rendered necessary by the wants of those endowed with a less quick perception. These and many other objections would doubtless hold good, as regards the processes, tedious and intricate, of quantitative analysis, especially where atomic weights are to be determined; but they cannot be allowed to obtain against teaching, testing, or qualitative analysis—an act, as you know, generally finished before the glass has left the hand of the experimenter—nor against the performance and examination of the processes of Pneumatic Chemistry.

[The following observations relative to some of the European institutions are interesting:]

I. L'Ecole de Medicine, Paris.—Four years' attendance upon Lectures and Hospitals, and the degrees of Bachelor of Letters and of Bachelor of Sciences, are required by the French regulations before one can attain to the honors of the Doctorate of Medicine. The two series of College courses are delivered during ten months of the year. September and October are vacation. During these and the preceeding August, three months in all, Laboratory duty is performed by the students of the *first year*. This duty is rendered obligatory at that time by laws regulating the subjects of the first examination, which takes place in November of the commencement of the second scholastic year. Of the merits of the regimen of the great Parisian School, this is not the place to speak. It has so few points of resemblance with our own, as to be almost incapable of application. In the Laboratory the classes of say twenty students each, are taught about three hours of the day. The subjebts of practice are indicated in advance, by the Demonstrator, and he or his aid remains in the apartment to give advice when required. The method, with slight modification, is the German one, applied to the exigencies of the medical student, and sufficient time is taken to admit of its successful prosecution. Such, however, could not be done under existing regulations in the United States.

II. University of Edinburgh.—After the Medical Schools of Paris and Vienna, that of Edinburgh probably enjoys the highest reputation for thorough and efficient teaching. It may therefore be re-

garded as a most favorable type of British colleges. Professor Gregory who fills the chair of Chemistry, is known to be one of the chief ornaments of the science which he teaches, and the present condition and wants of which he, by travel, acquirements, and correspondence, understands fully. His laboratory is well arranged and furnished, and the collection, especially of specimens in organic Chemistry, is rich and varied. Moreover his classes in practical Chemistry have been successively continued for a number of years and their utility and popularity are acknowledged. His method therefore bespeaks for itself an exalted interest.

To Mr. Kempt, the efficient Demonstrator of Chemistry in the University, is confided the special charge of these classes, subject to the superintendence of the Professor. There are generally five classes during the year, each consisting of about twenty students, who thus devote one hour, on three alternate days or evenings of the week for a period of three months. In teaching, the class is divided between two of the laboratory tables, where each finds himself provided with small apparatus, necessary for the performance of the process. The demonstrator being so placed as to overlook both tables and to be seen from them, commences by a description of the general characters of the substance which has been selected for the lesson; which for example may be supposed to be chlorine. Its general properties, and the method of generating it are first described. One method, for reasons given, is preferred, and each student finds himself provided with materials for performing it. The generation is commenced simultaneously by the class; they apply heat, collect and transfer the gas, test its bleaching, disinfecting, corroding and distinguishing properties; the appearances being alluded to by the demonstrator and questions asked by the students. The compounds of chlorine with hydrogen and oxygen are generated and examined in the same manner. Should any process be tedious it is commenced before the class assemble, they set others in action and thus study the beginning and the end. Should expensive substances be required, one or two of the manipulators are selected from each table, to perform the experiment, and thus by slight modifications of the plan, which suggest themselves to every physician, the course is conducted. The fee for each student is three guineas, which covers all expenses.

It must be evident to all readers of the above, that to teach practically the nature and reactions of the non-metallic elements alone in the excellent manner of Prof. Gregory, would require nearly the entire period of three months, and such is found to be the case. The bases and metallic poisons, which are certainly of paramount importance to the physician, are of necessity either entirely neglected, or their reaction dismissed hurriedly by the demonstrator. The method, however, is as applicable to the salts as to the non-metallic substances, and commends itself strongly wherever students have the time to devote to its prosecution. One hour every other evening during six months, or its equivalent in three months would probably render the course all that could be desired.

III. Philadelphia School of Chemistry.—The plan you have

pursued at this school differs from that of either of the institutions above mentioned. The laboratory, being arranged with tables after the manner of a dissecting room; with a table opposite to each window, the *piers* containing the tests, reagents, and smaller vessels of glass, allotted to each table respectively. Here the course of instruction lasts two months, thrice a week, and is given in the evening.—Four distinct classes may therefore pursue the study during the winter session of the colleges. You have considered the non-metallic elements, and all the organic and inorganic acids and bases interesting to the physician—a prominence having been given to the study of poisons and of the falsifications of medicines. The instructions of the evening being commenced with a lecture of an hour, in which the experiments are performed by the lecturer in the immediate presence of the class; at the close of the lecture each section of five repairs to its appropriate table, where with apparatus at hand, each of the members repeats, and varies at pleasure, the experiments he has just witnessed. From three-fourths of an hour to an hour and a half have usually been spent in this exercise, the lecturer being referred to if a difficulty presents, and the students retiring when they become satisfied of their proficiency. In this medical qualitative analysis, your progress has been tested once or twice a week by means of unlabelled bottles, containing the substances which have been considered during the preceeding lectures, and which you have determined by the use of reagents already known. The number of those unlabelled bottles, accumulating each week at length reach to fifty or more, which you have been enabled readily to discover and name by the knowledge of testing you have acquired.

A comparison instituted between the methods pursued at Edinburgh and at Philadelphia, shows that while at the former three months are devoted to the study, at the latter two months are so employed; but as the duration of each lesson at the latter is double that of the former, the entire time spent at Edinburgh is to the entire period at Philadelphia as 3 is to 4. Now if as would appear from the nature of the courses, the number of subjects considered at the latter is twice that of the former, the advantage is decidedly with the American Institution.

ART. VI.—*Hints on Physical Education.* By JAMES H. STUART, M. D.

Physical Education should commence in the prudent conduct of the pregnant female. It were an *easy* matter, if *not* strictly honest, to paraphrase Dewees or Condie upon this subject, and then enter into a lengthy dissertation on the Philosophy of Life, etc. but, as women rarely consult physicians for prophylatics against any evil, but content themselves with enquiring for a remedy when mischief is done, such

philosophy would be more "ornamental than useful," and foreign to our object.

Suffice it to say, it is a duty which every mother owes to the State and herself, to have a fine, healthy boy or girl. To do this, she *should* be healthy herself, have a healthy husband, and then conduct herself with great care till her accouchment. For upon this, simple as it may seem, the whole future of her progency often depends, and she may render its entire life a blessing or a curse, according to her own actions.

We are well aware that *every* mother has the "best and sweetest, and prettiest baby that ever was born," but that is not precisely what is meant by a "healthy child." Still the great majority of children *are*, to all appearances, healthy and well-formed at birth, and could doubtless be caused to remain so. Yet it is but a minority who do actually grow up hearty men and women. The remainder soon become feeble and puny, and either die in early infancy, or gradually drop off one by one at different rounds of the ladder of life before they have attained their prime. Now what causes this difference? Undoubtedly, we suppose that in by far the greater number of instances it is attributable to different physical training. True, some *few* children could never have been made healthy by any course of training; but in discussing general principles we always take for the rule that which regulates most cases.

When a child is brought into the world, great are the rejoiceings; long and earnestly does the mother gaze upon her babe; pride agitates her bosom, and almost the first impulse that moves her, if strong enough to notice any thing, is to see *her* infant fed. When, perhaps, this feeling has reached its greatest intensity, the baby, who has probably been lying for some time calmly asleep, begins to cry, as babies often do, mayhap "for want of thought," like ——'s "whistling."—At once the mother's sympathies are aroused; the little dear must certainly be hungry;—and it is accordingly at once freely fed with some villainous "gruel" or "pap." Baby eats long and eagerly, until its stomach is completely distended, and feeling uncomfortable from the novel sensation, turns away and whines; again is the spoon presented, but sated to repletion, it again turns away in strong disgust.—The breast is presented—a feeble effort and it ceases to draw. At this crisis, Nurse comes to the rescue, looks mildly on, and sapiently observes that the child must be sick *because* it refuses the breast: which logical reasoning is highly approved by all the listeners, and Nurse at once acquires the character of a feminine Æsculapius. The child recommences crying, and to quiet it, the usual nursery plan is resorted to, and it is violently jolted up and down to some horrible monotonous nursery tune, until at last,—actually sick, from the churning—*or* the music, baby indignantly disgorges part of the "gruel." This is enough. Out comes the ever ready bottle of "Dalby's Carminative," or somebody's "Anodyne," and a dose is inflicted; when—perhaps fairly wearied out, the poor child falls asleep—amid warm eulogies on the "sweet, soothing draught"—or becomes so ill that the physician must be sent for. The Doctor *may* have moral courage enough to

face the nurse, explain the error,—and perhaps be dismissed for his pains as a "cruel, unfeeling man, who don't care for the sufferings of the little dear;" but more probably contents himself with ministering to present necessities, confident of having a good patient in *that* child so long as the "Carminative," "Anodyne," and other contents of the large medical chest of "Family Remedies" last.

This kind of treatment repeated for a few months, soon manifests its effects very visibly, and the mother wonders "why her child is so delicate when she did her very best to take every sickness at the start and provide for it."

See now the conduct of one of the very few prudent and sensible mothers. She feeds her child only when nature demands it. If it cries, she examines to find some real cause of irritation, which if not discernible, she allows baby to bellow as much as it pleases, and admires the tone and compass of his voice while he does so. Consequently, baby soon gets tired of crying, and ceases peaceably enough. No medicine chest, large enough to fit out a country doctor for a year's practice, ornaments *her* closet. If the child *must* be dosed, it is by the order and under the direction of the family physician. Quacks and nurses reign not in *her* dwelling. She is not eternally reading "Somebody on Children," and discovering a new complaint every day and hour to be treated according to the rules therein laid down. She does not call the attention of every stranger to the delicate appearance of her darling, and demand his sympathy for it.

Now, after the lapse of a few years, mark the effects of these two very different systems of education. The first mother has succeeded completely in her praiseworthy efforts, and her son is now a pale, delicate, *interesting* boy, with a large head and small body. He is precocious withal; can reason, rhyme, spell and read; can act and declaim, bow and—take medicine. *His* education has not been neglected. Oh, no! Soon as he could walk was he sent to school, where, perched on a bench much too high for him, with his feet dangling six inches from the floor, he leaned over his irksome task early and late, till the naturally round chest of childhood flattened, and his shoulders curved; while his mind expanded with a force that threatened to demolish the poor remains of his corporeal frame. This is at five years of age. The other boy is not yet at school, but frolicking about, free and unconstrained, in the wild exuberance of childish glee. So ignorant is he that the alphabet is yet unknown to him; but *n'importe*, he is a stout, healthy lad, with a vigorous mind and fair prospect, from his frame and constitution, of living long enough to cultivate it well.

The parallel might be carried out still further, but it is unnecessary. All have seen and recognized, at School and College, the types of these different kinds of training.

Of course it would be very ridiculous to assert that careful and well directed training will, in *every* instance, entirely overcome the influence of a congenitally or hereditary bad constitution; or that a bad education will always completely ruin a good one. Yet they will certainly go very far towards accomplishing these respective ends.

Would city parents but condescend to notice the ruddy, fresh, hearty

looks of children bred and born in the country; and see them luxuriating in a puddle, or taking a shower bath in the rain, fearless of coughs and colds, we feel convinced that few would forego the advantage of a country physical education. How gladdening is it to a benevolent heart to see the delightful young hopefuls gaily careering about over the fresh, new mown meadow; now throwing themselves down in a paroxysm of pleasure—and now snuff wildly the pure and invigorating atmosphere—and reflect what powerful men and women they bid fair to become! Away with your tainted city gales! Give them the free air of Heaven to distend their lungs! Give them trees to climb, horses to ride, boats to row, lines to fish with, and guns to shoot! Make *men* of them—strong, vigorous *men*, fitted to enter upon the arena of life and battle their way stoutly:—fitted to be "heroes in the strife."

The influence of habit is incalculable. We see many children habituated to going thickly clad, and having their stockings changed the moment they get wet; and these children are universally subject to catarrh; the slightest exposure, even to a "soft and gentle breeze" affects them at once.

Others again, used to exposure and taking care of themselves, scarce ever "catch cold," though long exposed to pelting rains and icy winds. The hardy duck shooter, the healthy sportsman, and the iron sided hunter of the West become so by habit. Why not then *habituate* children to *some degree* of exposure from early life. They must unavoidably *sometime* meet with hardships, and it may then prove fatal to have encouraged a habit of "caudling" in early youth. I have seen hard struggles in manhood to throw off the yoke of effeminacy, but rarely with effect. The parents in a great measure "make the man." Reason on the subject. Is it not *comfortable*, if nothing more, to one who has accidentally received a ducking, to feel the proud consciousness that it will not hurt him? See two individuals upset in a boat—one shakes himself, and marches about unconcerned till his clothes dry upon him. The other must take "something warm," must immediately change his clothes, and even then is by no means certain of escape from an attack of sickness, a course of medicine, and a long Doctor's bill. And this difference is the result of training.—See two sportsmen out together. One trudges through mud and water sturdily, and bags all the Snipe, Woodcock, and Rail. The other sneaks along the verge of the swamp and pops at Robins, Larks, "et id genus omne." What glorious lives the rollicking Bison hunters of the West lead. And why? Because they are blessed with health and know how to preserve it.—[N. Y. Med. Gazette.

ART. VII.—*On the Reciprocal Influence of Acute Diseases and Menstruation.* By M. Herard.

M. Herard terminates a recent memoir with the following conclusions:

1. All acute diseases exert a pretty similar effect on menstruation. —2. This influence varies accordingly as the disease becomes developed during a menstrual epoch, or during an interval.—3. In the first of these cases the menses are usually suppressed completely or incompletely, when they may reappear after some hours or days, though usually in diminished quantity. The patients regard the suppression as being the cause of the febrile disease, although the contrary is the fact: and even in the case of acute febrile diseases becoming manifested after suppression, we must regard it as a consequence of the chill that has produced this.—4. When an acute febrile disease is developed in the interval, if the next epoch is near at hand, so that the fever continues to it, the menstruation is favored by the increased hæmorrhagic congestion of the uterus and ovaries.—5. The menses are usually absent or notably diminished in quantity, at the periods which occur during the decline of a disease, or in convalescence. This secondary amenorrhœa, though sometimes persistent, usually only continues for from one to three months.—6. The menstrual eruption in nowise predisposes to disease.—7. Menstruation exerts no appreciable influence on the issue of acute febrile affections. The progress and termination of these are the same, whether the discharge appears or not, whether it is increased or diminished in quantity, is earlier or later in appearance, or whether this takes place at the beginning or end of the affection.—8. In treating acute febrile affections, it is the condition of the disease that must engage our attention: for it is rare that any special therapeutical indication is derivable from the state of the menses; and we must act absolutely in the same way if the menses are on the point of appearing, or are expected, as if they were not so.—9. Bloodletting does not, in general, prevent their appearance or continuance.—10. The sudden suppression of the menses by the development of an acute febrile disease, or amenorrhœa consecutive to such disease, does not, in general, call for any special treatment.—[L' Union Medicale, 1851, No. 149.

ART. VIII.—*Inversion of the Bladder, Vesico-Vaginal Fistula, &c.* By Prof. R. L. Howard, *of Columbus.*

As the following case is in many respects unprecedented in the annals of surgery, we propose to give a brief history of it, and call the especial attention of Surgeons to its principal features.

Mrs. D. was confined with her first child, about five years ago.—The labor, we suppose, must have been a severe one, as the passage of the child through the soft parts, lacerated the perineum extensively, while the head pressed so firmly upon the pubis, as to induce sloughing of the vesico-vaginal walls. This resulted in a large fistulous opening, a vesico-vaginal fistula. The recto-vaginal septum was not completely divided, but as there was incontinuence of urine, her condition became

wretched beyond description. Since this period, she has had two labors, in one of which the forceps were used.

About nine months ago she observed a tumor in the vagina. This gradually increased in size, until it protruded from the vulva. The irritation, inflammation and ulceration in and upon the tumor, produced by contact with, and friction against the thighs and clothing, induced a vast amount of suffering. She was unable to stand erect, to approximate the thighs, or to sit directly upon a chair, but was compelled to stand and walk with the legs widely separated, and sit upon one tuber ischii. She was attended by a number of physicians, but received no relief—indeed, the nature of the tumor was a puzzle which they could not well determine.

About the 20th of May last, we were called to see her. The patient being under the influence of chloroform, we examined the tumor, which hung pendulous from the vagina, about the size of a large orange, and directly found it to be the inverted bladder. Raising the tumor over the pubis and pressing back the soft parts, we could see the jets of urine issuing from the ureters on its posterior surface. We then made an effort to reduce the bladder to its natural position, by pressure, kneading, &c., &c., but could make no impression upon it, other than to return it into the vagina.

We now proposed, if the patient, who was in very indigent circumstances, could be placed in our little surgical infirmary, to make an energetic effort to relieve her. The benevolent ladies of Columbus took charge of the matter, placed her there, and furnished the means for her support. We placed her in a horizontal position, confined her to a rigidly abstemious regimen, and gave her anodynes, and applied such fomentations and ablutions as tended to relieve irritation, swelling, &c. At the end of two weeks, we made another effort to reduce the bladder, similar to the one employed before, but without success. About the 15th of June, (we have not a note of the date,) we resolved to make a final effort, and proceeded as follows:

In presence of and with the assistance of Drs. Smith, Carter, Kendrick, Eells, G. and R. M. Denig, and others, we placed the patient upon her back before a window, upon a table, with the thighs fully flexed. Raising the tumor upwards, and pressing the perineum downward, we succeeded in seizing the cervix uteri, with Jobert's long uterine volsellum, made by Charriere, of Paris. We then drew the uterus forcibly downwards towards the coccyx. This manœuvre brought the ring of the fistulous opening perpendicularly before us, like a fenestrum. Confiding the volsellum to Dr. Eells, and the chloroform, which was freely used, to another assistant, we grasped the tumor with the fingers of both hands, and made firm pressure, for the purpose of relieving the congestion; then, by a kneading process, similar to that employed in the taxis in hernia, industriously applied, we succeeded, in the course of fifteen minutes, in returning the bladder, *suddenly*, to its natural position. Nothing could exceed our gratification at this event. We are confident we never could have succeeded, without the volsellum applied to the uterus.

For the purpose of preventing a return of this calamity, we introduc-

ed a gilded ball pessary, six inches in circumference, belonging to Prof. Smith, into the vagina. This succeeded admirably. One week subsequently, the patient was about the house, as comfortable as if nothing had happened. The fistulous opening is gradually contracting, and the parts are losing their intense irritability. By the pressure of the ball against the opening, the urine is retained for an hour or two, and by a sponge, and T bandage, she keeps herself free from the annoyances of constantly dripping urine.

Should the fistulous opening become sufficiently contracted to justify the effort, we intend to make the operation so frequently performed by M. Jobert for the radical cure of vesico-vaginal fistula.

ART. IX.—*Terebinthinated Vapor Baths in Rheumatism*

By M. Chevandie.

The patients are to remain from 5 to 20 minutes in a bath, impregnated with turpentine, at a temperature of 80 degrees. They are then removed and placed in bed, and copious diaphoresis ensues. Two or three baths have been sufficient to cure radically the most severe and prolonged cases of rheumatism. While in the bath the patients complained of excessive warmth of the skin; suffocation, in some instances, rather alarming; congestion of the head, and acceleration of the pulse. None have suffered from a burning sensation in the throat or from cough. They were all disposed to return to the bath such was the benefit they had derived, and the freedom it imparted to almost anchylosed limbs.—[Revue Med.-Chir.

ART. X.—*Abortive Treatment of Paronychia.*

The moment that throbbing and pain—the premonitory symptoms of paronychia—are experienced, and that the redness characteristic of internal inflammation is observed, cover the finger with mercurial ointmeut applied directly to the skin, as an intervening cloth would prevent the absorption and check the efficacy of the ointment. The disease is at once cut short, and the cure generally takes place the succeeding day. I have applied the ointment on every occasion, and it has never failed to induce a speedy cure.—[L'Abeille Medicale.

ART. XI.—*On the Influence of Pregnancy and the Puerperal State on the Progress of Phthisis.* By MM. GRISOLLE & DUBREUILH.

M. Grisolle, in reporting to the Academy of Medicine upon a memoir presented by M. Dubreuilh, observes, that the views he formerly expressed have only obtained additional confirmation. In none of the 13 cases related by M. Dubreuilh, or in the 35 now collected by M. Grisolle, has the power formerly vaguely attributed to pregnancy of staying the progress of phthisis, been observed. In some cases, indeed, it seems to have played the part of determining cause, and in others to have aggravated the condition. According to M. Grisolle's observation, cases in which the first symptoms of phthisis are developed at an early period of pregnancy, and amidst a state of health otherwise satisfactory, are more common than those in which the pregnancy is consecutive to the early appearance of the organic disease.—Both observers are indeed, of opinion that phthisical women conceive with difficulty; and M. Delafond assured the reporter that cows, even at an early period of the disease, usually remained sterile, even though they continued fully alive to the attentions of the bull. He added, also, that in such as did conceive, a portion was common about the fifth or sixth month; while in such as went their full time, the progress of the disease was in nowise modified. In M. Grisolle's former papers he stated that pregnancy, in his cases, so far from retarding, hastened the progress of phthisis; and although the rate was found to be somewhat slow in M. Dubreuilh's cases, this probably arose from their having occurred in private practice, while M. Grisolle's were all hospital patients. Both sets of cases, however, amply disprove the suspending power of pregnancy; and M. P. Dubois, experience has long since led him to a similar conclusion. Phthisis which has appeared at an early period of pregnancy pursues a constantly onward course; and if improvement is to take place at all, it never does so until after delivery. It is rare for phthisis thus complicated to present those intermissions or sudden suspensions of progress sometimes met with in ordinary phthisis. The children brought forth by phthisical mothers, though usually small, are plump and well-looking to an extent that would not, *a priori*, be expected from persons suffering from so exhausting a disease.

N. Dubreuilh expresses a theoretical opinion in favour of the prevalent belief that the progress of phthisis in hastened by *delivery*, but his facts are against him; and so complete is the suspension of the disease sometimes, that delusive hopes of cure are entertained.

In regard to the influence of *phthisis on pregnancy*, both observers are agreed that such patients *ordinarily* go their full time; which must be regarded as a remarkable fact, when it is considered that more than one-half the pregnant women attacked by pneumonia, abort. Both also find that these women usually have very easy labours—a fact due to the smaller size of the child and the relaxed state of the tissues.—Both, too, consider that the attempt to suckle exerts the most disastrous influence upon both mother and child.—*Bulletin de l' Acad.*, tom xvii. pp. 14–25; *Rev. Med.* 1851, tom ii. p. 649.

AMERICAN MEDICAL ASSOCIATION.

At the Meeting of the Association held at Richmond, Va., May, 1822, the undersigned were appointed a Committee to receive voluntary communications on medical subjects, and to award two prizes of $100 each to the authors of the best essays.

Each communication must be accompanied by a sealed packet, containing the name of the author, which will be opened in the case of successful competitors. Unsuccessful communications will be returned on application, after the 1st of June, 1853.

Communications must be addressed (post paid) to the Chairman of the Committee, Dr. Joseph M. Smith, 56, Bleecker St., New York, on or before the 20th of March, 1853.

JOSEPH M. SMITH, M.D.
JOHN A. SWETT, M.D.
W. PARKER, M.D.
GURDON BUCK, M.D.
ALFRED C. POST, M.D.

New York, Sept. 17, 1852.

EDITORIAL AND MISCELLANY.

The Philadelphia Medical & Surgical Journal, heretofore conducted by an association of Physicians, is now under the Editorial management of Professor James Bryan, of the Philadelphia College of Medicine. Dr. Bryan is one of the most erudite Medical Scholars of our country, and this Journal, which has already established high claims to professional patronage, cannot fail to derive additional interest from his vigorous and accomplished mind.

Dr. Carnochan, Chief Surgeon of Emigrants' Hospital, New York, has published, in the September No. of the N. Y. Journal of Medicine, an account of the successful treatment of *Elephantiasis Arabum* of the right leg, by ligature of the femoral artery. A year ago, we saw this patient in the wards of the Hospital rapidily recovering, and he now remains, sixteen months after the operation, free from any return of the disease. Dr. Carnochan has the merit of originality in this procedure for the cure of a disagreeable and intractable disease.

Some of the Interior Colleges of the eastern States, complain of a falling off of medical students, their classes not being half as large as in former years. The Boston Medical Journal regards this as a favorable omen.

Dr. Valentine Mott, of N. Y., has recently been elected an honorary fellow of King's & Queen's College of Physicians in Dublin, Ire-

land. He is the only American among the Honorary fellows of that College. Andral, Chomel and Louis, of Paris, and Sir James Clarke, of London, are among his associates.

The Philadelphia Medical and Surgical Journal intimates that the sale of foreign works, republished in this country, has been increased, to the disparagement of similar works by our own authors; by editors and public teachers who have *been bribed to it by the presentation of copies gratis*, from the publishers. This is bad enough, but a more ridiculous spectacle is presented in the grandiloquent contempt which some eastern Physicians affect to feel for *Western* medicine. We sympathise with our friend in this complaint, but it only proves that the principles of justice, like the laws of physics, tend to bring about a universal equilibrium. Our Atlantic Professors write books, and they are overshadowed by inferior productions from Europe; the Physicians of the West aspire to be useful in the great work of medical progress, and they are disparaged by men in the East, whose claims to greatness are intimately connected with the brick and mortar by which they are surrounded.

One would doubt, after thirty minutes conversation with *some* of of these eastern savans, whether the physical structure of man, in these ends of the earth, was as perfect as in the dens of crime and misfortune in the eastern cities, or whether the powers of vision, which are here exercised in scrutinizing this wonderful fabric are as clear and perfect as they are elsewhere; or, whether chemical laws are unalterable throughout the world. It is a pity that such men as our amiable confrere complains of, had not a little common sense and honesty mingled with the vast learning of which they boast.

Publications Received.

TRANSACTIONS OF THE ILLINOIS STATE MEDICAL SOCIETY FOR THE YEAR 1852.

The minutes of this society, which occupy the first part of the pamphlet before us exhibit a very commendable desire on the part of our Illinois brethren, to advance the interests of medical science in that great and rapidly growing State. It appears, that at this meeting, held in Jacksonville, sixteen delegates were present from various local societies, and that during its session, twenty-one gentlemen were proposed and elected permanent members. The following officers were

elected for the ensuing year: Rudolphus Rouse, of Peoria, *President.* Thomas Hall, of Toulon, Nathaniel English, of Jacksonville, *Vice Presidents.* E. S. Cooper, of Peoria, H. A. Johnson, of Chicago, *Secretaries.* Edward Dickenson, of Peoria, *Treasurer.* The President upon taking the chair delivered a brief and very appropriate address upon the object, design, and advantages of the association, after which the society proceeded to business.

The Appendix, occupying 72 closely printed pages is made up of several papers upon medical subjects. The first, is a Valedictory address, delivered before the society, by Dr. Thompson, on the nature of disease. Dr. T., does not pretend to advance anything new upon this important question, and expressly avoids the discussion of any mere *theory* of disease, but his remarks are interesting, and many facts connected with the *observed* phenomena of disease and of the action of certain therapeutic agents, are presented in a forcible and pleasant style. The second paper is by Dr. E. S. Cooper, of Peoria, on "Collodion in Entropion." In this paper he urges attention to several circumstances which he thinks will contribute to the success of this application. We were led to the employment of Collodion in the treatment of entropium, more than a year ago, by the paper of M. Cunier, and have in three or four cases applied it with great care, in the manner suggested by Dr. Cooper; but our experience has not, thus far, been satisfactory. The inconvenience of the application, the annoyance and pain to the patient, with the imperfect results obtained, have led us to discard it in the treatment of Entropion, for which there are so many neat, efficient and almost painless operations. As an occasional application after the necessary operation, it may be serviceable. As a counter irritant in Opthalmia, &c., or its use in the treatment of granular lids, we know nothing, but regard it as worthy of further attention in this respect. Dr. Cunier, above referred to, has maintained eversion, by the application of Collodion, during the treatment of granulations and vegetations, and has found the application of the Nitrate of Silver and acetate of lead to exert a more rapid and complete effect, in proportion to the time the eyelid was thus maintained continuously everted.

Two other papers from the pen of Dr. Cooper, follow. One describing a new instrument for cauterizing the Urethra, the other embracing a description of a novel and ingenious method of treating Anchylosis of the knee joints. The Urethral instrument is made of copper, of the shape of a common Catheter, and perforated with small holes about the point. "Having it well oiled, it is introduced as far as the stricture; after which a solution of nitric acid and water is poured in-

to it, which passing down to the holes, throws out to the parts corresponding, the nitrate of copper just formed by the union of the acid and copper." Some directions are given as to the way in which the degree of Cauterization can be graduated, and the application of the instrument to the several varieties of disease of the Urethra which come under the attention of the Surgeon. The generation of a cauterizing agent by the union of acid and copper has been proposed in the treatment of Fistula in Ano, but its application to diseased conditions of the Urethia, is first proposed, as far as we know, by Dr. Cooper, It is a convenient and simple method of treating these important affections, and its adaptability, in common use to the wants of the profession, and the facility of obtaining and applying it in places where the more costly and complicated appliances cannot be obtained, make it a proper subject for further trial. The plan proposed by Dr. C., in his third paper, for the treatment of incomplete anchylosis of the knee jolnt, by a new apparatus for making extension and producing motion, although embracing some new principles of treatment, offer to our mind, no advantages over the method generally employed by surgeons, in the treatment of this deformity.

The next paper is by Dr. L. C. Lane, "*On transforming larcerated and contused, into incised wounds.*" A case is given of extensive wound of the hand, illustrating the propriety of this procedure. In our opinion, much judgment would be required to guide the surgeon, in the adoption of this measure. Although in some cases, there could be no doubt of the propriety of converting a contused wound—which heals slowly and painfully, by the second intention—into an incised wound, which heals kindly by the first intention; in others, nature is best left to herself. These wounds which tear and bruise, frequently entail death upon parts beyond the visible surface of the injury, and the removal of the ragged edges or bruised surface will in many instances fail to limit the sloughing and suppuration; on the other hand, the proceeding might give rise to serious hemorrhage to which contused wounds are not very liable, as well as add very greatly to the patients' sufferings.

The *report of the Committee on practical medicine*, presented by Dr. N. S. Davis, of Chicago, occupies nearly 35 pages of the pamphlet, and examines the subject of the report under two heads: 1st. *Improvements effected in the management of individual diseases*; *and 2nd. The progress of Epidemics.* We can do no more than enumerate briefly, the several items of improvements in practical medicine, which, according to the report, have been developed within the last year in the

State of Illinois. The several subjects of the notice are mentioned in the order in which they occur. *Pyroligneous Acid as a Gargle in sore throat* has been used with the happiest results by Prof. John Evans. A tea-spoonfull of the acid to a wine glass full of water, is the preparation recommended, and this the patient is to use as a gargle "freely and frequently." *Collodion* to prevent pitting in small-pox, and as an application to cracked nipples and inflamed breast. *Opium in large doses,* in the treatment of dysentery and fever. A practice highly recommended by Dr. Henry, of Springfield. We agree with Dr. Davis in his dissent from this treatment in several forms of fever, and as a *plan* or system of treating febrile diseases. *Chloride of Sodium* in the treatment of intermittent fever. *Extract of Beef's Blood* as a remedy in cases of Anemia. The author of the report has had satisfactory experience in the use of this remedy, and relates a very interesting case in which it was successfully employed. He gave 20 grs. of dried blood every six hours. *Cod liver Oil* in nursing sore mouth. *Neuralgia,* sucessfully treated by the internal use of Chloroform.—Commencing in doses of 8 drops three times daily, and increased 2 drops every day till the dose reached 40 drops. Interesting remarks upon the poison of the Rattle snake; the Isthmus Fever; Cerebro-spinal Arachnitis; Mountain and Malarious fever; and the causes and treatment of cancerous diseases, conclude the first part of the report.

It appears from the portion of the report relating to the "progress of epidemics," that Variola, Scarlatina and Rubeola, Diarrhœa, Dysentery, and Cholera, are the principle epidemics that have prevailed in Illinois during the past year. Upon this last mentioned disease, Doct. Davis makes some very judicious observations. He relies, in the treatment, upon Calomel, Opium, Acetate of lead, Sinapisms to the abdomen and extremities, the avoidance of copious drinks, and enemas of cold water and Laudanum. When improvement does not immediately follow, he adds to the powders of Calomel, Opium and Lead, 10 to 15 grs. of common salt, which he continues in combination with ground mustard, after improvement in the condition of the patient justifies the withdrawal of the other ingredients. He discards alcoholic stimulation, and uses infusion of Coffee, Quinine, Carb. of Ammonia and Camphor to sustain the vital powers.

Altogether, the report is a useful contribution to practical medicine, and shows the devotion and zeal with which Dr. D., is imbued in the prosecution of medical investigations. The concluding paper is by Dr. Thomas Hall, one of the Committee on Practical Medicine, and relates principally to the subject of Epidemics. The Dr. alludes to

the negligence of Physicians throughout the State, in furnishing statistics of disease and histories of epidemics in their respective localities, as a serious impediment to the progress of science. This is a disgraceful state of things, not confined by any means to Illinois, and an allusion to it, should call the blush of shame to the faces of all those who derive respectability and a living from a profession, to which, they refuse in return, to contribute anything.

We like these transactions for their practical character, and hope that their distribution will not be confined to Illinois, but that many copies will find their way into this State, and arouse amongst its physicians a spirit of scientific emulation.

The Physicians' Visiting List, Diary and Book of Engagements, for 1853. LINDSAY & BLAKISTON, Philadelphia.

This extensive publishing house, which has supplied the profession with so many standard works in the various departments of our science, has not been unmindful of minor conveniencies. This little work, which may be easily carried in a side pocket, contains an Almanac, Explanations of terms, or Characters, Table of doses, Poisons and their Antidotes, Proceedings of the American Medical Association. Also, blank leaves for Visiting list, Memoranda, &c.; Addresses of patients and others, Accounts asked for, Memoranda of wants, Obstetric engagements, Vaccination engagements, List of things lent to patients and others, Books, Instruments, &c. To many this Visiting list will save ten times its price during the year for which it is intended.

New Orleans Monthly Medical Register. Edited by A. FOSTER AXSON, M. D.

Medical science and literature occupy a high position in the great southern Metropolis, and this publication, which we welcome to our exchange list, is no disparagement to this acknowledged superiority.

The original articles are written with strength and spirit, and the selections are judicious. An important and useful feature of the medical periodicals of New Orleans, are the meteorological, topographical, vital and mortuary statistics which are found in their pages, and for this alone, they are entitled to the patronage of the northern profession.

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November, 1851.

THE

WESTERN

MEDICO-CHIRURGICAL JOURNAL.

VOL. II. KEOKUK, IOWA, DECEMBER, 1852. NO. 9.

Art. I.—*Continued Fever—Singular Case.* By R. C. Warinner, M. D.

Sept. 19th, 1852.—Called to see R——, son of Capt. C—— of this place, who, as was stated to me, had been ill seven or eight days, with (what they supposed was) common intermittent fever; and as usual in such cases, had treated him with calomel and quinine, without deriving that benefit which was confidently looked for. Despairing of success in their own treatment, I was, as above stated, consulted.

His age was 6½ years. Temperament of the mixed quality, with a redundant shade of the nervo-sanguine. Was inclined to be lean and spare, but possessing a fine, dense, and round, muscular fibre. Had ever been remarkably healthy, and physically and mentally acitve.

I found him supine, with the right leg a little flexed, his hands tucked down about the scrotal and inferior abdominal regions.

His countenance was relaxed, bright, and natural, giving no evidence of pain whatever. Indeed the peculiar, pleasant and natural expression of his features were eminently calculated to decoy one into a favorable prognosis.

His *brain* and nervous system, were evidently free from any implication of an abnormal character; in fact it seemed that the ordinary manifestations of *sympathy* were wanting.

But the vascular system possessed not this freedom from morbific influences. His pulse gave evidence of considerable excitement—had more or less fever at all times, with periodic exacerbations, dating from early in the afternoon until midnight. Stroke of the pulse, quick corded, and rapid, varying from 100 to 110 pr. minute.

His *skin* was inclined to be dry and husky, and considerably above the normal temperature; especially over the abdominal regions. His extremities were generally cool in the early part of the day, showing the 'malarious' tendency of the disease.

His appetite somewhat impaired. Thirst not immoderate. Tongue a little retracted, round and pointed; a light yellow coat on its centre beneath and around its margin, with a dry inflammatory appearance of its follicles.

His bowels were somewhat tumid and tympanitic, with pain upon pressure, in the ileo-cecal regions.

The *evacuations* from his bowels varied in frequency, from one to four times in twelve hours; and in character favoring the opinion of intestinal inflammation. Their colour was more to be compared to that of cinchona rub., and water stirred together, to the consistence of thick gruel, than any thing else I can imagine. When tested with water a dark brown sediment, of an earthy appearance, was thrown to the bottom, leaving floating upon the surface of the water, a light gray foam, apparantly of the consistence of thin batter. Their odor was heavy, disagreeable and carbonaceous.

His *urine* was almost limpid, and free, but lacking its normal specific gravity.

I *diagnosed* it continued fever, with ulceration, or inflammation of the small intestines, and made the following prescription:

℞.	Creta prep.	grs.	viii.
	Chlor. Hydrar.	"	iv
	Ipicac et opii P	"	viii.
	M. ft. chart. iv.		

One to be given every four hours in water. Pediluvium and friction with spir. tereb. to the abdomen. This prescription was continued for twenty-four hours, then followed with a dessert spoonful of ol. Ric. and gtt. x. terebinthina; which acted promptly though mildly, but producing no appreciable change in the character of the alvine discharges. The same prescription was then repeated, with the addition of acacie to the powders, and the substitution of warm fomentations to the bowels, in lieu of the terebinthinated frictions.

This treatment was continued (with slight variations to meet transient symptoms,) until the 23d, without (to the best of my judgment.) producing any impression upon the disease or the patient. I resolved to try the efficacy of quinine. Accordingly I prescribed one grain of that article to about 1 sixteenth of sul. morphia every 24 hours, using the pediluvium and warm fomentations at the same time; but all to

no advantage; but to the evident aggravation of the whole train of inflammatory symptoms. I again put him under chalk and mercury, with gum water; prescribing sinapisms to the abdomen every 8 hours, followed by warm formentations.

Up to the 25th no perceptible change in any of the symptoms, except, perhaps, the augmentation of inapetency. The pulse—the skin—the discharges—all seemed confined beyond the influence of any remedy which I could rationally prescribe. Not the slightest impression upon his glandular system from use of mercury, I determined (on the 26th) to relinquish the use of it, for a while, at least. I therefore put him upon acidulated mucilage of gum arabic, a tea spoonfull to be given every 3 hours, with an anodyne at night, continuing the fomentations, &c.

On the 27th, I found his pulse more soft, not so quick and more regular. His tongue more flat, moist, and pale; and apparently cleaning off at its anterior third. But his disgust for both food and medicine was such as to render it a matter of some difficulty to prevail upon him to take either. I should state also, that the pain and tumidness of his bowels, seem to have measurably subsided; except at the umbilicus, of which he complains very much when touched, and at which he is frequently picking. It looks red, and presents the appearance of superficial inflammatory action. Same treatment continued.

Prof. Sanford being in town on the 28th, I requested him to see him; to which he kindly consented. On examining, and hearing the history of the case, the Doctor expressed his views, confirming me in the correctness of my diagnosis. We were also mutual in the opinion that he would probably recover, and that without the aid of much medicine. It would perhaps be justice to remark here, that in forming a prognosis in this, as in all other cases; we were governed by the consideration of the ordinary duration of the disease—its present stage, and the strength and degree—the vital functions of the system maintained at the time; for the buoyancy and brightness of his spirits and intellect, and the degree of strength which he seemed to enjoy physically, up to this time, were truly astonishing.

We made the following prescription, upon which he was kept (with occasionally other remedies to meet wandering symptoms,) for nearly ten days, without any favorable results:

℞	Bi-Carb. Soda	grs.	xx.
	Sul. Morphia,	"	ii
	Muc. Gum Acacia,		ʒi

This was to be given every 3 hours, continuing the pediluvium and the warm fomentations to the bowels.

Up to Oct. 5th, the following changes had presented themselves: Patient much weaker, fever not so constant, sweats about the head and extremities, tongue cleaned off, shape more natural, but red, dry, and glossy. Continually picking at his nose, the mucous surface of which seems to be inflamed and swelled, so as to close the nares; interfering very much with his breathing and articulation—pouring out an abundance of thin muco-purulent matter. The umbilicus very tender, red, and inflamed, pouring out a secretion very much resembling that from the nose. No tenderness or swelling of the bowels below the umbilicus. Discharges from the bowels not so frequent, more consistent, but no change in the colour, and attended with severe griping sensations. In the regions embracing the whole of the right and left hypochondria, epigastrium and umbilicus, peculiar gurgling was elicited by auscultation. The gurgling which was only heard on inspiration—the Bronchial and mucous, and not unfrequently the subcrepitant, on expiration. No evidence of pain except the griping sensations referred to. Mind perfectly clear, countenance bright and pleasant.

Dr. J. F. Wayland being in town on that day, (25th,) I requested that he should be called in. After examining the patient and hearing the history of his case, the Doctor came to the conclusion that in all probability the intestinal irritation proceeded from *mechanical* injury. As from the swallowing of some indigestible and irritating substance—concretion of chalky compounds, etc., lodged in, and acting upon the small intestines. Still he was not (nor could any one have been,) decided in the correctness of this opinion. Nor was he more so in regard to the treatment, and prognosis. We agreed, however, to continue the same course that was then being pursued, with a free resort to anodynes. But having tried every plan of treatment, which had been suggested to me, upon rational grounds, the unmistakable declension of the vital powers seemed to admonish us to the *sparing* use of such agents as tended to depression of vital functions. I therefore, thought it most advisable to resort to mild stimulating alternatives, which I thought was best answered in the combined use of wine, quinine and Iodide of potash, with *occasional* resort to the camphorated tincture of opium. This with the warm bath once per day, and hop poultices to the bowels, constituted the main treatment under which he was kept until the 10th.

On that day, a copious discharge of pus from the bowels took place and I was summoned to see it, and to express my opinion as to what it portended. I felt somewhat encouraged, it being 'laudable pus'—in

quantity about three tablespoonsful, and a little streaked with blood. I prognosed favourably, guarded however, by stating the possibility of a *plurality* of localities, which had not, yet were approximating the stage of suppuration. Or provided there were no others, the individual locality might have engaged the contiguous tissues in this inflammatory process, and established other *points* of suppuration, which had not reached their maturity at the time the present one disgorged itself. And thus might such a process continue until the patient would sink under its ravages.

I now prescribed charcoal and mucilaginous drinks, and wine occasionally. In a few days the alvine discharges were quite changed.—Rather too pale and hard however; and I prescribed a mild mercurial which after a proper time was followed with oil. This brought away a *healthy* bilious discharge.

The above course of mucilages, wine, &c., was continued several days, with a prudent liberality in the use of a farinacious diet; his bowels evincing normality of function down to the 20th. Still, during this period, notwithstanding the healthy condition of his *digestive functions*, and the to all appearances complete subduction of febrile symptoms, he did not evince that tendency to recuperate, which I had so confidently hoped for. But on the contrary, upon close watching, an almost imperceptible and gradual, though constant flagging of the whole corps of vital functions, was not to be mistaken—the patient was evidently sinking. His appetite failed, and all that could be done to arouse it, seemed unavailing—disgusted with food and medicine, he now became constantly afflicted with nausea; and would frequently retch at the sight or mention of food or medicine.

There was no ocular or palpable recurrence of the inflammatory symptoms. Tongue clean—no thirst; alvine and urinary discharges healthy! No tender or tympanitic condition of the bowels, except that condition of the umbilicus referred to, which seemed to be '*in statu quo.*'

Complete atony, and great emaciation were now evident. His extremities cool and rigid. Hiccup and apnoæ, with fearful mental forbodings of suffocation. This horrid train of symptoms, in spite of wine, quinine, ether, and ammonia internally, and the whole catalogue of rubefacients externally, comprising the sinapisms, *bain entier*, &c. &c., gradually increased, as if it were inch by inch, until Monday evening, Nov. 1st, when death closed the scene!

I regret to have to say, that an *autopsy* was not granted. I am confident, that had we been permitted to make the necessary explorations, unusual organic lesions would have been detected.

I am of the opinion that the whole extent of the mucous surface of the alimentary canal, was more or less implicated in inflammatory action. And that the treatment of the early stage of the disease, was (owing to its masked form) inapplicable, if not very injurious. For I have frequently had occasion to notice the deleterious effects which quinine has, in apparently confirming the type and intractability of intestinal fevers, when given *too early*. This, as has been noted, was the course pursued in the present case, before I was called to treat it.

Art. II.—*New view of the Treatment of Epilepsy—a summary of Marshal Hall's views.* By Prof. Samuel G. Armor, M. D.

It is not my purpose at present to cover the whole ground of Epilepsy. It is a disease justly regarded as one of the most appalling to which the human body is liable; and it is one too frequently beyond the power of remedial agents. Any thing that promises relief, therefore, should be at once tested and reported.

I desire to call the attention of physicians, who may not be familiar with his writings, to the suggestion of the distinguished Marshal Hall, contained in a recent publication in the *London Lancet.* In the article to which I refer, he attributes the purple countenance, the bitten tongue, the foam, the severe general convulsion, the deep coma, the subsequent mania, and the danger to life, mind or limbs, to *Laryngeal Spasms,* and proposes, as a remedy, the operation of *tracheotomy.* "By means of this measure," he says, "we arrest the cause of this terific disease at the point at which it becomes a source of havoc and danger."

The *pathology* of Epilepsy is involved in much obscurity. *Post Mortem* examinations have failed to point out any single morbid condition that would account for the convulsion. True, the functions affected are clearly those of the brain. Sensation, thought, volition, are suspended. And occasional alterations of the cerebral mass must have been observed after death. Yet there is more reason to believe that these changes are the *result* of the paroxysms than that they are the *cause.*

Dr. Copeland, who has written extensively on this subject, is of the opinion that the disease is not dependent, in its early stages, upon any lesion cognizable by our unassisted senses, unless such lesion be seat-

ed in the *medulla oblongata*, or *pituitary* and *pineal glands*, parts which may be dangerously affected without manifesting any material change His speculation upon the subject is very ingenious' and, withal, plausible. He arrives at the conclusion that determination of blood to the head arises simply from deficient contraction of the muscular coat of the capillaries, and is attributable to defective innervation from the sympathetic nerves, whose office it is to regulate the coat of the arteries, so as to produce secretions, and furnish the nutrient material for the parenchemy of the tissues. And Solly remarks that he "can see much probability in the opinion of the Wengels, that the *pituitary gland* is in fault in Epilepsy, believing with Dr. Copeland, that this gland is the cerebral ganglion of this nervous system."

Atony, then, of the cerebral vessels is supposed to have much to do in the production of Epilepsy; and it is for this reason, probably, that styptics, such as nitrate of silver, sulphur, zinc, turpentine. and other remedies of this class, sometimes effect cures.

In this connection let me again introduce Marshal Hall. For the relief of the more formidable symptoms, he proposes the operation to which I have referred.

He is careful, however, in pointing out the varieties in which he supposes the operation will be successful. "The epilepsy may be inveterate or hereditary; there may be defective development of the nervous centres; havoc may have already been inflicted on the intellect; organic disease may have been a *cause* or a *consequence*. These it will not, of course, arrest. But in cases induced by emotion, or by irritation, not involving diseased structure, and consisting chiefly of convulsivs attacks, inducing lividity of the countenance, involving the bitten tongue and the foam, and succeeded by stupor or delirium, as the cause depends, on laryngismus, so it may be superceded by tracheotomy and the tracheal tube."

A question presents itself here: Are we justified in performing this operation in cases of epileptic and other convulsions as a *preventive* of future evil? Dr. Hall answers, Yes. "The case," he observes' "may be violent and frightful, *in any degree*. It may occur in the slightest form of mere transient oblivion, and it may occur in the greatest form of sudden and violent convulsion; and it may be followed by coma or apoplexy, delirium or mania, paralysis, amentia. As a diagnostic point, then, two varieties may be given. The mild form, or the *epilepsy mitior*, comprises all that is *short of larngismus*. The more frightful form, in which there is laryngeal dyspnœ, perhaps perfect closure of the larynx, violent efforts of expiration, with all other links

of the dreadful chain, constitute the *epilepsia gravior*. "All," says Dr. Hall, that is on *this* side of the laryngismus must be unaffected by the operation of tracheotomy. All that is on *that* side of this laryngismus will be prevented by its efficient institution."

All that he claims for the operation is that the epilepsia gravior or the 'grand mal' is converted into the *epilepsia mitior*, or the 'petit mal' beyond which the dire affection, for want of obstruction to the breathing, with expiratory efforts, can not go.

If this can be realized from the operation, might we not reasonably hope that the 'petit mal' for want of renewed havoc made on the nervous structures, might subside and disappear. At least we would have a much better opportunity of testing the effects of judicious *medical* treatment, than when renewed convulsions and congestions are constantly adding to the debility of the cerebral vessels, and possibly developing organic disease of the brain.

Operation. Dr. Hall's mode of operating consists in removing a circular piece of the trachea by means of an instrument made for the purpose; and when he desires to have the tube worn for some length of time, he heals the edges of the wound by means of Sulph. Copper. He thus describes his tracheal tube: "Into the orifice thus made, into the trachea I introduce a little instrument made of silver wire, much lighter than any tube, and admitting of being diminished in size for introduction and removal and re-introduction, and so contrived as to be secure in the tracheal orifice when introduced and allowed to expand."

I have been exceedingly gratified in the perusal of Dr. Hall's paper. On the diseases of the nervous system, I regard him as our highest authority. If the operation which he proposes should prove successful in the class of cases which he points out, it will be a great victory achieved by the discovery of the *Diastaltic Nervous system*, of which it is an application.

Art. III.—*Extract from an Address, Introductory to the Course on Chemistry, delivered in the College of Physicians and Surgeons of the Iowa State University*, By J. E. Sanborn, M.D., *Professor of Chemistry and Materia Medica.*

We have assembled to interrogate nature. We come to question the unseen Power that is over us, as to the laws by which the world of matter is governed, and the conditions under which the myriad phenomena of life take place. During the days and months that are

to come, we shall, in a thousand forms, ask the stern and mute silence that pervades the universe, to yield some response to our earnest questionings. And *some* response, we shall never fail to obtain. For every chemical experiment is but a direct question, to nature, regarding the particular problem which demands investigation.

What though no speaking voice is heard amid the unceasing changes of the universe around us—nature's laboratory—yet to the intelligent eye, and the attentive reason, there is a language, constantly pronounced to us, plainer than words, more distinct than any human utterance To obtain, to classify, to harmonize these responses is the true province of chemistry.

How beautiful is this silent language of the universe! man is not left without a lesson, and nature without an interpreter. Throughout the vast realms of created being, the affinities of all things are constantly proclaimed to us. Atom speaks to atom, drop to leaf, forest to river—river to ocean, and ocean to sky, till the wide dome of the universe is filled with the reverberating voices of all things. * *

All the properties of matter, which we have enumerated, with others, which, less important, have not been mentioned, are in subordination to the great supreme power of affinity—that influence which one author has termed "the Hercules of forces." By the discriminating and sensitively eclectic power of affinity, every operation of the great life around us, is carried on. Its mandate calls together the obedient atoms at the organization of every new compound; and when its unseen cords are loosed, the organized structure falls back to its original elements. It is the presiding genius of every new-birth of vital matter, and at its bidding, the life of every being passes away. It is present at the formation of every flower, and stands by the grave of every decaying leaf. It says to the ready formed elements of being—"let there be life," and there is life, and at its dissolution it ever preaches to us the language of universal decay.

We ourselves subsist by its power, and every breath we enjoy, is drawn in unison with its laws. The continued harmony and integrity of our physical systems, would be instantly annihilated, were it not for the benevolent omnipotence of affinity.

But, what is most worthy of admiration, is the wonderful manner in which nature economises. We are assured that no power resides in man, or perhaps even in nature itself, to annihilate a single atom. It would seem as if the universe contained precisely enough—it does not need a particle more; we almost fear it could not get on with an atom less. Nature is indeed a most exemplary economist. With the uni-

verse at her command, and every possible variety of matter at her disposal, she still builds up, like a frugal and skillful artisan, the new from the old, with wonderful precission and success. Forth from the decaying embers of old fo.ms and decomposed structures, come, phœnix like, new combinations of beauty and life. So complex and intricate are these changes, that none can say to what form of matter, or to what purposes of life, the most strange and contrary, perhaps, any given atom, or combination of atoms, may not have been subservient. So clear is this, that the words of our great poet, are not all poetry:—

> ———"Earth, that nourished thee, shall claim
> Thy growth, to be resolved to earth again,—
> And, lost each human trace, surrendering up
> Thine individual being, shalt thou go
> To mix forever with the elements,—
> To be a brother to the insensible rock,
> And to the sluggish clod, which the rude swain
> Turns with his share, and treads upon. The oak
> Shall send his roots abroad and pierce thy mould.

Who shall say, in what form of animate or inanimate life, these, our very bodies, may not previously have existed, and who shall tell us, where these elements, now vital with sentiment, shall, one day, re-appear? Though we are not Pythagorans, in the original sense of the great master, yet we cannot but see how the constant metempsychosis of *bodies* takes place—how the unceasing transmigration of matter is constantly and noiselessly going on around us. * * *

But, what are the practical uses of Chemistry, to the every day physician? It is a question, the understood unfavorable answer to which, seems to have led to a decided neglect of the study. It is apparently thought by many, that one can be a reputable, even a successful and excellent practitioner, with a homœpathic knowledge of practical chemistry. And, very possible one *may* get on, in some fashion, ignorant of chemistry—very much as one *can* survive, with a glass eye, or a wooden limb—until, by and by some important emergency brings him to a tremendous sense of his responsibility, and of his deficiency. Moments may come up, in the life of every practitioner, when the vibrations of the pendulum shall mark of, second by second, the short season alloted to his patient; and when any hesitancy, any want of promptness or skill, on his part, may make that pendulum a ringing knell, sounding in his ears, and beating upon his heart, a harrowing sense of his incompetence to the trust reposed in him.

It is the duty, then, of the competent physician, to be prepared for

all emergencies—to be ready, on any call, to act promptly, decidedly, successfully. Let us, then, not be guilty of neglect of science, which so eminently places it within our power, to call back, in many emergencies, the fast failing life.

Chemistry teaches us the philosophy of respiration—the circumstances under which it may be favorably carried on, and those in which it cannot support life. It shows us how we may best prolong our lives, under conditions the most favorable and beneficial. It teaches us tkat animals and plants reciprocate each other, in the uses they make of the atmosphere, animals using the oxygen and throwing off carbonic acid gas and plants, breathing in carbonic acid gas, employing the carbon, and throwing out again, for our use, the oxygen.

Chemistry teaches why arterial blood should vitalize, and venous destroy. It opens to us many indications of treatment, in connection with its explained phenomena of respiration and nutrition. It explains to us the once misunderstood phenomena of calculi, and teaches us by what means they may most readily be hoped to yield. It lets in light upon some of the sequelæ of rheumatism and gout,—it teaches what remedies we may most properly employ, as antacids, and what selections of them are most appropriate in different conditions of acidity. By its aid we learn the process of disinfection and the benefit of a species of internal disinfection, so to speak, as in the use of yeast in certain cases of extreme debility. We can see, in a manner, why certain alteratives may be of service of many diseased conditions—how, by promoting the oxygenation and vitalization of the blood, they favor the necessary vital processes of the system; why chalybeate treatment is so often useful, especially in degenerate states, analogous to some forms of erysipelas.

Chemistry is of essential service in guarding us against the use of incompatible remedies, i. e. of remedial agents, which, in their combination, utterly destroy the medicinal character of each other, even if they do not produce a positively injurious mixture. Some debated cases of this kind occur in reputable practice, as the use of opiates with astringent vegetable preparations. But many indisputable errors are liable to occur, unless with the greatest care.

A peculiar method of treating Hæmoptysis is well known. The attendant physician was desirous of employing astringents. He says to himself, "sulphuric acid is a good astringent—so I will use it." He now calls to mind, on further thought, that the acetate of lead is another, and being both good, the effect, if mixed, must be altogether remarkable. And so it was! Forgetting that he was making a retort

of his patient's stomach, and was carrying on the manufacture of an insoluble and useless sulphate of lead, and was getting besides, acetic acid, for his pains!

A gentleman of my acquaintance, in New England, has, to my knowledge, lately been treated for ophthalmia, by an intelligent physician, with a collyrium of sulphate of zinc, and acetate of lead! I am patiently awaiting intelligence of the results of so elaborate skill. Let us beware, lest we fall into such errors.

Chemistry is again, and conspicuously of use, to the practical physician, in the vast field of toxicology—of poisons and their antidotes. * * * *

I was called, some time since, to a wild-headed and disappointed theatrical character, who had successfully got up a private tragedy, at his own residence, by drinking a quantity of sulphnric acid. It would be readily inferred that a carbonate of magnesia would, under favorable circumstances, tend to produce a quantity of sulphate of magnesia, or that a solution of bicarbonate of soda, might afford a fortunate supply of glaubers salts. * * * *

And now, gentlemen, as to the course of Chemical Lectures which we this day commence. It is an important period in the history of a young man, the day when he begins the study of medical science and sets up before himself the goal of professional proficiency—a period pregnant with the elements of high and honorable attainments, of wide and lasting usefulness, or of mediocrity, perhaps delinquency and disaster. But, what is perhaps the best stimulus of the occasion is, that the elements of success are entirely within the reach of all. As surely as oxygen and hydrogen unite to form water, so surely a dominant and intelligent energy, may not fail of asserting its supremacy over every reasonable obstacle.

To the student, who leaves the quiet study of the village academy, or perhaps comes hither from the ampler halls of collegiate instruction, the complicated, varied and interwoven tasks which meet his first efforts, often assume a somewhat formidable and may be, even an appaling aspect. Anatomy, Physiology, Materia Medica, Obstetrics, Chemistry, Surgery, Pathology, Theory and Practice, Jurisprudence—these, with their several relations and developments, form a bill of fare, that would seem to demand a most capacious intellectual digestion. But, to carry out the simile, as one stomach, and that, oftentimes, not the best, contrives in the course of a lifetime, to do a most egregious amount of digestion, and to make way with tons of food, by appropriating its due modicum at a time, so, the attentive mind, by perform-

ing during this hour, and the next, aud the next, and to-day, and to-morrow, its ever-present duty, comes in the end, to a completeness aud fulness of attainment, altogether astonishing. Each hour comes to us, freighted with its burden of duties; let each hour pass on from us, freighted with its burden of duties done. For the character of the medical practitioner of years to come, is as the character of the medical student of to-day. During these hours of professional pupilage, are laid the foundations of the fabric of professional life—broad, deep. and enduring, or shallow, and on the sand. Let us then endeavor to act ander a full sense of our daily and hourly responsibility; treasuring up, as in the fontal sinus, every great fact of our daily research; lying in the cerebral cement, every important principle; enthroning on each individual *sella turcica,* the great leading ideas with which we must come in daily contact.

To be more definite, gentlemen, it shall be the object of this department, to give a full, concise and clear conception of the great principles of Chemical Science; to afford as complete and accurate a view of the important points of chemistry, as is compatible with the time allowed us. We shall especially endeavor not to omit any practical and important relation of chemistry with medicine, and shall not consider that a digression, in which we apply the principles with which we meet, to daily practical life or the necessities of the medical practitioner. Chemistry is essentially an experimental science; it was born in a crucible, and is only to be fully elucidated, by actual experiment. And it is therefore essential that the principles with which our science has its being, should be illustrated and exemplified by actual vision—by tangible demonstration. While, however, this holds forcibly true, I must confess to you, with deep regret, and shamefacedness, that I consider it rather *more* important that we obtain a thorough comprehension of an important *fact.* than that we witness, never so fine a display of brilliant fire-works. I fear it may be a sad weakness, this prefering principles to play—but I have seen too much of the sacrifice of useful time, which might have been better employed, to the getting up of wonderful and almost useless exhibitions, or the display of refined subtilities. We shall endeavor, therefore. the make the experiments a part of our lecture, and not the lecture, a mere interlude between the experiments.

And thus, gentlemen, on this auspicious morning, we take up our line of march—let us labor valiently, as those who know no word but victory. We have no traitor, but that within our own hearts. The victory we look for, is that best of conquests, over ourselves. Let us then, " 'Bate not one jot of heart or hope, but gather courage, and march right ouward."

Art. IV.—*Surgical Cases.* By J. F. Sanford, M. D.

Caries of Os Calcis. Wm. O'Brien, aged 17 years, sanguine temperament, robust habit. Stepped upon a rusty nail two years ago, which penetrated the Calcaneum with such force. as to require considerable tractive effort to extract it.

Acute ostitis, terminating in suppuration, immediately followed—soft tissues also, very much inflamed. When it was apparent that the pus, after many weeks of severe suffering, was penetrating beneath the surface, the attending surgeon evacuated it, and prescribed nothing farther. The patient, relieved of pain, resumed exercise, but the discharge continued, and after a few months, acquired a fetid odor, and issued from three or four orifices, which it had made through the integuments.

General system sympathized but little, the patient's health was good, but the local disease was liable to inflammatory accessions, which oftened confined the patient to bed for several days. At best he had limited use of the foot.

I was consulted in March, 1849, and ordered rest and water dressing to the foot, then much inflamed, preparatory to an operation, which had been proposed, and to which the patient and his parents consented.

Operation. Was undertaken to remove the Carious portion of the Calcaneum. which was ascertained by previous examination, to be in the cancellated interior of the bone. The external surface of the calcis was exposed by convenient incisions through the integuments, immediatly over the orifice of a sinus, which was continued from the soft parts into the bone, the crown of the Trephine applied, and a portion of the compact shell of the bone removed, exposing the diseased interior. This latter was then thoroughly gouged out with a narrow instrument, constructed for the purpose, and a suspicious point, to which we could not carry the instrument was touched with an escharotic—the wound was stuffed gently with lint, the integuments replaced, and water dressing applied. On the 3d day after, the lint dressing was taken away, and a sponge tent introduced into the wound of the soft parts to prevent premature healing.

Result. The patient had a most happy recovery. The result proved that all the carious parts had been taken away, otherwise, the carious action would have been speedily re-established.

Remarks. The condition of caries and all the suffering in this case, arose from neglected, or badly treated ostitis. If the surgeon had

treated the primary inflammation vigorously, and evacuated at an early day the pent up pus—if, indeed, this result had happened—caries of the bone would most likely have been averted. Several physicians had advised amputation of the leg in the case of O'Brien. This operation confirms the propriety of local operations in diseases of the Tarsal bones. Mr. Liston and others have often performed these operations with success.

Deformity of the mouth.—Andrew Long, aged 18 years. Profusely salivated, when 5 years old. Ulceration had destroyed the greater portion of both lips; great deformity resulted, and a constant dribbling of saliva, and inability of speech, made the patient extremely anxious to procure relief.

He consulted me for this purpose in Dec. 1851. The small portion of lips remaining were tightly adherent to the parts beneath, and the tissues seemed to be hard and condensed.

Operation.—The integments in the vicinity of the mouth, above and below, were extensively dissected up, when it was found, that by considerable distention, they could be drawn together, transversely across the teeth. The margins were, therefore pared, and this procedure adopted, although when the operation was begun, it was believed a transplantation would be required.

By this proceeding much was gained in respect to the patients looks, and comfort, and by a repetition of the same process—but to a limited extent—a year afterwards a perfect restitution of the lips was effected. The patient could control the flow of Saliva, and utter distinctly the labial words.

Result.—Cure. Satisfactory in every respect.

Remarks.—Sometimes a remedy for these deformities may be found in the repetition of a simple operative process, and this may be preferred in some cases to a more complicated and hazardous operation.

Deformity of the Face.—Gordon, infant, aged 7 days. Presented early in January, before the medical class, at the college. This was a most extensive deformity of the mouth, there being entire absence of the upper lip, of the hard and soft palate and of the middle portion of the superior Maxillary bone. The Septum Narium projected beyond the level of the face, and the portion of the maxillary bone whose absence at the proper place, seemed to allow this unusual development, was firmly fixed directly upon the point of the nose; passing over this bone, and projecting somewhat beyond, like a kind of proboscis, was the Columna Nasi, the whole presenting at first view, a horrid resemblance to a miniature elephant. Four teeth, fully developed, were

loosely fixed in the upper jaw, on each side of the fissures above described.

The great extent of this deformity, and the horrible appearance which it presented, induced the parents to seek immediate relief. The child, in other respects healthy and vigorous, was accordingly presented, when only seven days old for this purpose. After consultation with Prof's. McGugin, Armor, Hudson, and Hughes, who coincided in the propriety of an operation, the infant was brought into the amphitheater, and delivered to an assistant, with its hands securely fixed. The process was commenced by dissecting up the integuments including the displaced columna nasi, from the protuberance on the nose. Carefully preserving the columna to be used in a subsequent step of the operation. The bony growth upon the nose was then removed, when it was found to be firmly connected by Cartilage, with the septum and alæ nasi. The projecting portion of the septum was also removed to the extent of half an inch, and was found quite ossified. A question now arose as to the proper manner of closing the large fissure of the upper lip, the margins being separated to the extent of an inch. The plastic and yielding condition of the parts, finally induced me to bring the margins together, previously pared, with the common hair lip suture. A needle was therefore passed deeply through the lip at the prolabial margin, and approximation effected by a few turns of the thread. A second needle, was then passed through the lips at the base of the nose the pendent portion of the Columna, cut off and pared at the lower end, being pulled down placed in proper position and included in the course of the needle. When the parts were all brought together by this means the deformity immediately disappeared. It was feared the degree of tension in bringing the parts together, and the feeble powers of nutrition in so young a subject would prevent a kindly union, and this fear was ultimately realized. The child seemed to suffer but little from this severe operation, but when the dressings were removed, on the third day, it was found that union had not taken place. The parts composing this portion of the face, had yielded and the chasm was reduced at least one half. Adhesive plasters were drawn across the upper lip, with the view of still further approximating the bones and soft parts, and the parents were requested to return with the child in the following April or May.

April 27th. Child was present at the hospital. The constant traction upon the parts with the plaster had brought the labial margins sufficiently close to justify the ordinary operation for hare-lips, which was accordingly performed. The needles were removed on the sec-

ond day, but the coating of Collodion previously applied prevented an accurate inspection of the part at that time. On the tenth day, the lip was fully exposed and found to be united in such a way as to perfectly remove the great deformity at first existing, and relieve the unhappy and anxious parents. The child has remained well and vigorous through these operations, and grown as rapidly as do children under ordinary circumstances.

Remarks.—The extraordinary extent of the deformity in this case, seemed to call for an operation at an early age; also the progress of development in the parts would have increased the difficulties, had it been deferred. The yielding condition of the osseous structures at the age of 7 days, facilitated the closure and accurate apposition of the parts. The space to be traversed, rendered so much stretching necessary, that adhesion was prevented, yet the amount of necessary cutting was so great that the lateral parellel incisions through the lips, were not deemed advisable, especially as it was known that remunerating benefit would be obtained, whether there was adhesion or not. I never had a patient who seemed to suffer so little after an extensive operation about the mouth, and altogether the case proves the propriety and safety of the operation at a period, when the age has been generally thought to contra-indicate it.

Immobility of Lower Jaw, and Destruction of Cheek.—Mary Bullard, aged 21 years, was profusely salivated, in the fall of 1837, during an attack of Bilious fever. The mercurial ulceration, which extended rapidly, destroyed the alveolar processes of the upper and lower jaw, and these processes, together with the containied teeth separated by the ulcerative action, were taken away. A large portion of the cheek was also destroyed. After the ulceration was checked, the patient rapidly recovered, and in five or six weeks, the structures about the mouth had entirely healed, leaving, however, a very disagreeable and inconvenient deformity. The opening in the cheek, extended from the angle of the mouth, backward, and slightly downward, to the extent of one inch or more, and at the widest part the margins of the space were three fourths of an inch apart. The inner edges of these margins were firmly connected by dense substance to the gum and jaws, and by muscular contraction and otherwise, the lower jaw was firmly fixed against the upper. This state of things continued until 1840, giving rise to the greatest inconvenience in eating and speaking, —the saliva constantly escaping from the mouth, and the speech scarcely intelligible, when the parents were induced to submit their daughter to the surgical attention of Dr W.—— who encouraged

them to believe that the deformity might be removed by a very simple operation. This operation as it was explained and afterwards performed, by Dr. W.——, consisted in a division of the bands above referred to, which bound the margins of the open space in the cheek, to the bones, and which from the appearance and sense of stretching at every attempt to open the jaw, were considered the only restricting agents. This operation did nothing more, of course, than inflict severe pain upon the patient. The immobility of the jaw remained even worse, if possible, than before the useless cutting, and the patient despairing of relief, resigned herself to the disagreeable inconvenience.

Miss Bullard was submitted to my attention about the middle of March, 1852, nearly 14 years after the salivation which caused deformity. The appearance of the face was as above described. The lower jaw was firmly fixed against the upper. The lost teeth had been replaced by others, which had grown irregularly,—some inwards and some outwards—passing each other, none appearing firmly fixed. The undestroyed portion of the left cheek was firm and hard like Cartilage, and the posterior angle of the open space was bound together by a band of similar substance. The patient had taken no solid food for 14 years ; she subsisted on fluids and alimentary substances reduced to a pultaceous mass and forced between the teeth.

The principle point in the examination was to ascertain the existence of lateral motion of the lower jaw. The patient still had the impression that slight cutting of the contracted skin, would release the lower jaw, but after being satisfied that there was *very slight* lateral motion of this bone, and thus a sufficient inducement to undertake an operation, we explained to her the nature of the procedure, and assured her that extensive division of the muscles, as well as of these bands would be required.

On the 18th day of March, 1852, I performed the following operation in the presence of several medical gentlemen, assisted particularly by Professors Hughes, Armor and Hudson.

The patient was placed in a recumbent position, lying upon the right side. The incisions to separate the adherent lips and cheek were carried upward to the lower margin of the malar bone, backward and downward to tbe parotid gland and angle of the jaw; everywhere the parts were tightly adherent, and so dense as to oppose considerable obstacle to the progress of the scalpel. To avoid branches of the facial nerve these incisions were made close to the bone. All the tense and attached parts being free, an attempt was made to insinuate a

wooden wedge between the teeth, but without success, as the jaw did not seem to be affected in the least by what had been done. A broad bladed tenotomy knife was then passed into the mouth, and carried to the posterior margin of the masseter muscle, (which was dense and rigid,) and the whole of this muscle freely divided. A further attempt was made to open the mouth, but in vain, and the knife was again introduced, and carried backward and slightly upward into the Temporo-Maxillary region and turned against the Temporalis. After the division of this muscle, the point of the knife was depressed, and carried still deeper into the Pterygo-Maxillary region, and again turned against the Internal Pterygoid, the complete division of which, seemed to remove all the obstacles on that side of the face. It was found that the jaw would now yield a little, and the wedge was with difficulty insinuated sufficiently to allow the application of a lever, which I had previously prepared to open the mouth. But with all the force that could be safely applied, the mouth opened only to the extent of one fourth of an inch. Passing my finger into the mouth to ascertain, if possible, the cause, I found that the Masseter muscle of the sound side was extremely tense and forming quite a prominent ridge in the cheek. The knife was therefore passed beneath the mucous membrane a little anterior to the muscle, passed backwards, and a submucous division of it effected. The fibres gave way with a cracking noise, the ends retracted some distance, and upon the application of comparatively gentle force with the instrument, the mouth was opened to the extent of an inch and a quarter. The instrument was suffered to remain in its position for an hour, and lint passed into the cut parts to stay the hemorrhage. The margins of the open space in the cheek, were now found to be so far separated, that no attempt to bring them together was deemed proper, and this part of the operation was postponed till a future day.

During the whole of this operation the patient was entirely insensible. She readily came under the influence of the Chloroform, and no disagreeable symptoms occurred during the operative process.

The instrument being removed, and some wedge-like blocks placed between the teeth, on either side, to prevent closure of the jaw, the water dressing was ordered to the face, and the patient requested to remain quiet.

We need not detail the course of the treatment during the subsequent six weeks. There was considerable swelling of the face during the week following the operation, but inflammatory action was not excessive. Pledgets of lint were kept between the gums and cheek to pre-

vent adhesion, and after two weeks, she was directed to move the jaw frequently, the blocks being left out during the day, and replaced at night. The Dens Sapientiæ, above and below, on the left side, which were cut after the mouth became closed, were found, as the swelling subsided, to interfere with the closure of the jaw, and the lower one was removed. This permitted the approximation of the teeth, and mastication was performed with facility. In six weeks all the parts were healed, and on the 20th of April, we proceeded to close the opening in the cheek.

The extent of this opening, when the case was first presented, was so great as to demand, in our opinion, a transplantation for its closure, but the separation of the soft parts, which had been firmly bound to the bone, and the stretching and lubrication which was constantly maintained during the healing, had almost brought together the margins of the opening in the cheek, so that it was now obvious, that a very simple operation would complete the cure.

Accordingly, on the day above mentioned, the patient having been placed under the influence of Chloroform, the margins of the open space having been pared, and a slight band—which in spite of our efforts had bound the lower lip to the gum—separated, the edges were accurately brought together, and maintained in contact by the harelip Suture.—The principle care in these incisions, was to secure a proper symmetry of the mouth, and this was effected by previously marking in ink, the course of the knife. Upon bringing the parts together, the deformity immediately disappeared. It was now thought proper, in order to prevent undue stretching of the parts, to keep the jaw closed and to remand the patient again to a fluid diet.

Nothing unusual occurred during the subsequent progress of the case. The wounds healed rapidly, and on the 13th of May, the patient having entirely recovered, prepared to go home.

Remarks.—The extension destruction caused by the mercurial ulceration, left room for the formation of those extensive cartilaginous bands, and for the extreme contraction of parts which occurred in this case, and which rendered the extensive division of the soft parts above described, essential to a cure. The change of structure in the muscles, and ligamentous apparatus of the jaw, and formation of new tissue, precluded the possibility of opening the mouth without the incisions, as has been practised by some surgeons. We are convinced that a more speedy and less painful cure was accomplished by cutting as we did, than could have been secured by any other process. Even the masseter of the sound side, was so changed in structure, and so firmly

contracted, that no force which could be judiciously applied, could overcome it.

Result.—Perfect cure. The muscles regained their power, and the jaw was separated and brought together with great facility so that mastication was entirely satisfactory. The space in the cheek was closed with accuracy, and the healing was so satisfactory as to remove every vestige of deformity, The speech became clear and perfect and the disagreeable escape of saliva was at once arrested.

SELECTED PAPERS.

Art. V.—*Cholera Infantum, or Coma from Exhaustion.* By Samuel G. Armor, M. D., *Professor of Pathology and Practice of Medicine, in the Medical Department of the Iowa University.*

Observation and reflection having satisfied me that hundreds of little patients annually fall victims to erroneous views of the nature and treatment of Cholera Infantum, is my apology for adding a few suggestions to what has been already ably written in all our standard authorities. I would not assume, however, in thus adding to what has been written, to be the originator of a new pathology or practice. It is my desire merely to add my testimony to the observations of eminent gentlemen of the profession, whose views on this subject I regret are not more generally known and received.

The affection sometimes comes on suddenly without any premonitory symptoms of its approach, thus resembling the Cholera Morbus of adult life. But it is much more usually gradual in its approaches, advances slowly, and is associated with a previously debilitated state of the system. Healthy, vigorous children of the country are not so subject to it as more delicate children of the city; nor are well-fed and well-aired children of the country so liable to it as those who have imperfect nourishment, and who inhabit damp, miasmatic, or illy ventilated abodes.

Symptoms, Course, &c.—These vary somewhat in individual cases, and in the several stages of the disease.

First Stage.—The most obvious phenomena in the early stage of the disease, are profuse diarrhœa, the discharges generally of a light or pale yellow or green color, soon followed by extreme irritability of the stomach and violent vomiting. At first the tongue is generally covered with the usual thin white fur, indicative of gastric derangement. In the more advanced, or rather *chronic* stage of the disease, it often presents a dry red or polished appearance.

Soon after the accession of the disease, the feculent or diarrhœal

discharges are followed by a colorless, inodorous fluid, sometimes containing small floculi of mucous, and discharged without any apparent effort or pain. Tormina and tenesmus are not, however, at all times absent. This symptom depends upon the inflammatory complication of the large intestines, which cannot be regarded as a frequent lesion in this affection. The food and drink taken by the little patient, pass off without undergoing any change.

Second Stage.—The symptoms which have been enumerated are soon followed by those of prostration. The infant becomes speedily affected with extreme languor, the countenance becomes pale and contracted, the cheeks cold, the skin blanched, the eyes fixed and sunken, the lids half closed, the pupils unmoved by the approach of light, the voice husky, and the breathing irregular and affected by sighs.

The thirst is now very great, the abdomen more or less tympanitic, and the fauces dry, the latter condition giving rise to another very usual symptom mentioned by authors, namely, "the thrusting the fingers, nay, almost the whole hand, into the back part of the mouth, as if desirous of removing something from the throat."

The patient, if not speedily relieved, soon passes into a stage of complete exhaustion, followed by coma and death.

Pathology, Etiology, &c,—Having enumerated a few of the most prominent symptoms, and their usual order of development, other and more important questions present themselves as to the nature of the disease and its cause, and upon the proper solution of those, often depends the life or death of the patient.

What relation do the symptoms of the second stage sustain to those of the first? Are the cerebral symptoms proto-pathic or deuto-pathic manifestations? This is the principle object of our inquiry at present, and, as it relates to the question of *cause* and *effect*, its importance must be very apparent. For if the cerebral disease be *primary*, then it demands our *first* attention. If *secondary*, then, by judicious treatment, it may be anticipated, arrested, and the cause of death thus averted.

Thus it will be seen that our *practice* will be very much influenced by our conceptions of the nature of the disease; for if the coma, which is regarded as the foreshadowing of approaching dissolution in this affection, be in fact the result of *active* cerebral or meningeal inflammation, the disease, therefore, demands active antiphlogistic treatment.—But if it be the result of pre-existing causes of a *debilitating* character, it is a matter of momentous importance that we should enquire into the cause of the debility, and adapt our treatment accordingly.

In the relation of symptoms, it will be remembered that the first indication of the disease is usually diarrhœa, soon followed by profuse watery evacuations, irritability of the stomach, vomiting, &c. Without stopping to inquire into the etiology of the affection, I will simply repeat the common observation, that it is a disease peculiar to the hot summer and fall months, and most exclusively confined to the period of primary dentition. We are led to infer, therefore, without further inquiry, that the disease is, primarily, gastric and abdominal, not

cerebral—and if we push our investigations further, we are confirmed in our opinion by the local lesion present. The vessels of the liver, stomach and bowels, are found engorged with blood, and the gall-bladder distended either with a colorless fluid or viscid bile—lesions corresponding with the watery discharges, irritability of the stomach, &c., characteristic of the *first* stage of the disease. It is only in the more advanced stages that we find other lesions of the mucous membrane.

Although I readily admit that, in the early periods of life, and especially during the period of dentition, there is a strong proclivity to diseases of the brain, so much so that we should never lose sight of their usual complication in *all* infantile diseases—yet I submit that, as a general thing, cerebral symptoms are *secondary* manifestations in Cholera Infantum. Nevertheless, many of our standard and reputable authors incline to a different opinion. Dr. Eberle, in discussing the pathology of the affection, in his excellent treatise on the Diseases of Children, alludes to "the tendency of cerebral irritation, to give rise to inordinate irritability of the stomach and bowels," and is careful in impressing the necessity of "obviating," by cupping and other depletory measures, "the sanguineous congestion of the brain;" thus conveying the impression that it is a disease inflammatory in its origin, and must be treated on the same general principles that we would treat a case of acute hydrocephalus. The suggestions, abstractly considered, are correct, but their misapplication, in the disease under consideration may lead to fatal results.

Varieties.—There are two conditions which give rise to coma as a symptom, as there, are, indeed, two forms of hydrocephalus—the one anæmic, the other inflammatory. Dr. Marshal Hall, I think, very clearly pointed out these conditions, and the resemblance which exists between them. As it occurs in infants, he calls it "an hydrencephaloid affection arising from exhaustion." And that in a large majority of instances of Cholera Infantum, death is occasioned by exhaustion, and in many instances effusion, I have no doubt.

Dr. Hall very justly considers that this condition of the brain is to be distinguished from true inflammatory hydrocephalus, "by observing the condition of the countenance, and by tracing the history and causes of the affection." Were these symptoms of meningitis *early* present, such as redness of face, suffusion of the eyes, an excited or wild expression, painful sensitiveness to light, &c.? If so, we may readily suppose that drowsiness and stupor will soon follow as a result of acute inflammation and effusion. If, however, these symptoms are absent in the early stages, and our patient have suffered from exhausting discharges, the coma manifesting itself in an advanced period of the disease, we will not, as a general thing, err in regarding it as a symptom of exhaustion. Experiments on animals have abundantly demonstrated the effect of small and frequently repeated bleedings, giving rise to cerebral effusion. The rapidly diminished momentum of blood in the cerebral vessels, is followed by passive congestion and effusion. And in coma, which follows exhausting discharges from the bowels, the same condition is present, the congestion depending on

defective cerebral circulation and consequent deficiency of nervous energy—a fact of the utmost importance in the treatment. "So inveterate," says Dr. Hall, "is the disposition to attribute drowsiness in children to acute congestion of the brain, and to treat it so, that I have seen an infant, four months old, half dead from the diarrhœa, produced by artificial food, and capable of being saved only by cordials, aromatics, and a breast of milk; but because it lay dosing on its nurse's lap, two leeches had been put on the temples, and this by a practitioner of more than average sense and knowledge. I took off the leeches, stopped the bleeding of the bites, and attempted nothing but to restrain the diarrhœa, and get in plenty of nature's nutriment; and, as I succeeded in this, the drowsiness went off and the child revived. If it could have reasoned and spoken, it would have told this practitioner how wrong he was; and one who, from long defect in the organs of nutrition, is reduced so that he has neither flesh on his body nor blood in his veins, well knows what it is to lay down his head and dose away half the day without any congestion or inflammation of the brain."

Dr. Abercrombie long since observed—"In the last stages of diseases of exhaustion, patients frequently fall into a state resembling coma a considerable time before death, and while the pulse can still be felt distinctly. I have many times seen children lie for a day or two in this kind of stupor, and recover under the use of wine and nourishment. It is often scarcely to be distinguished from the coma which accompanies disease of the brain. It attacks them after some continuance of exhausting diseases, such as tedious or neglected diarrhœa, and the patients lie in a state of insensibility, the pupils dilated, the eyes open and insensible, the face pale and the pulse feeble. It differs from syncope by coming on gradually and in continuing a considerable time perhaps a day or two, and is not like syncope, induced by sudden and temporary causes, but by causes of gradual exhaustion."

In a letter which Dr. Hall received from Dr. Abercrombie, he also observes, "The state of infants which I have referred to is a state of pure coma, scarcely distinguishable, at first sight, from the perfect stupor of the very last stage of hydrocephalus, the child lying with the eyes open, or half open, the pupils dilated, the face pale. It is difficult to describe distinctly the appearance, but it is one which conveys the expression of coma, rather than of sinking; and I remember the first time I met with the affection, the circumstance which arrested my attention, and led me to suppose the disease was not hydrocephalus, the state somewhat different from coma, was finding on further inquiry that it came on *after diarrhœa*, and not with any symptom indicating an affection of the head." It is perhaps needless to multiply testimony on this point. The principle I have been endeavoring to illustrate will be at once recognized by every intelligent pathologist, and I can only regret that its *application* is not more generally made in cases of exhaustion and coma following diarrhœa.

Treatment.—*First, Hygienic.*—I have already alluded to the agency of bad hygiene, in the production of this disease. In its treatment, therefore, much depends on the removal of these causes, thereby

placing the little patient in the most favorable condition for recovery. It will be remembered that Cholera Infantum usually attacks children of feeble constitutions. It should be a leading indication, therefore, to surround our patient by the most favorable influences promotive of constitutional vigor; and what will contribute to this more than pure air, good nourishment, and cold ablutions frequently applied. Indeed, these may be almost regarded in the light of preventives. How many children suffer from this affection, who are well clothed, well aired, and daily showered with cold water?

Medical Treatment.—In the early stage of the disease, a leading indication of treatment is to restore the regular action of the liver and skin. To effect this, I have been in the habit of resorting to the usual prescription of minute portions of calomel and ipecac, combined with the compound chalk powder; adding, if neccessary to allay pain, a few drops of paregoric, from time to time.

The warm bath is also an important auxillary—and its effects may be protracted by removing the patient from the bath, and enveloping it in flannels wrung out of warm water. The circulation should be promoted in the extremities by frequent frictions, and at the same time the head kept constantly cool. If the vomiting continue, warm cataplasms, frequently moistened with spirits of turpentine, should be applied to the epigastrium; or a blister may be applied until it produce rubefaction. I prefer, however, as a local application, frequent fomentations with turpentine.

But I would resort to this treatment for the purpose of restoring suspended secretions, and arresting, if possible, the more formidable secondary symptoms. Of all the lesions in this malady, there is none so much to be dreaded as the lesion of circulation in the brain, and although a deuto-pathological element in the order of development, still it is by far the most formidable complication. The brain being a vital organ, its death is rapidly followed by annihilation of all the functions of the body. Hence the prostration as the disease progresses, and the necessity of promptly meeting the symptoms of exhaustion. This is the grand outstanding prominent idea to be cherished, and if we lose sight of it, and suffer ourselves to be betrayed into the idea of active cerebral disease, our patient must surely fall a victim to our indiscretion or ignorance. It is the turning point of life or death.—And so strongly am I impressed with its importance, that I should feel loth to yield my patient to the care of an ordinary nurse. The exhausting discharges *must* be arrested, and the patient's strength maintained. And for this purpose, fresh milk and milk punch should be liberally administered. My rule for administering nourishment, in the form of milk, would be *the capacity of the stomach to appropriate it*—and that as large a quantity as possible may be appropriated, it should be frequently administered in small quantities.

For the purpose of relieving the exhaustion, at the same time arresting the discharges, we have perhaps no better combination than spiced brandy, to which may be added, from time to time, if necessary, Camph. Tinct. Opii. Kino. or other astringents. The addition of aromatic Spt. of Ammonia is also valuable by way of relieving the

gastric distress and vomiting, and correcting any acidity that may be present.

It is not my intention, however, to detail the *treatment* of Cholera Infantum. This must be adapted to the requirements of individual cases, and of course left to the judgment and good senge of the practitioner. A far more important question relates to its *Pathology.* If this be wrong, our treatment cannot be right. If it be rational, we can scarcely err in the indications of cure. I will have accomplished, therefore, my desire, if I shall succeed in calling attention to what I am constrained to regard as a frequent pathological error; and if, in so doing, I shall save some little suffering patient from an additional cup, or leech, or cathartic, which would but accelerate its approaching sleep of death.—[*Ohio Med. and Surg. Jour.*

AMERICAN MEDICAL ASSOCIATION.

The Sixth Annual Meeting of this Association will be held at the city of New York, on Tuesday, May 3d, 1853.

The secretaries of all societies, and other bodies entitled to representation in this Association, are requested to forward to the undersigned correct lists of their respective delegations, as soon as they may be appointed; and it is desired by the Committee of Arrangements that these appointments be made at as early a period as possible.

The following is an extract from Article II of the Constitution:

"Each local society shall have the privilege of sending to the Association one delegate for every ten of its regular resident members, and one for each additional fraction of more than half this number.—The faculty of every regularly constituted medical college or chartered school of medicine, shall have the privilege of sending two delegates. The professional staff of every chartered or municipal hospital containing a hundred inmates or more, shall have the privilege of sending two delegates; and every other permanently organized medical institution of good standing, shall have the privilege of sending one delegate.

EDWARD L. BEADLE,
One of the Secretaries of Am. Med. Association.
32 Bleecker street, New York.

PERSESQUI-NITRATE OF IRON IN CHRONIC DIARRHŒA.

Dr. H. A. Ramsay, of Thompson, Georgia, gives the highest testimony, in Nelson's Northern Lancet, to the efficacy of Persesqui-nitrate of Iron in Chronic Diarrhœal discharges consequent upon a perverted condition of the mucous membrane of the intestinal canal. He gives 10 drops of the solution of the Persesqui-nitrate, three times a day, in a little water, gradually increased to 15 or 18 drops in the case of adults.

EDITORIAL AND MISCELLANY.

TO THE MEDICAL PROFESSION.

The undersigned, a member of the Committee on Epidemics, appointed by the American Medical Association, and to whom has been assigned the States of Wisconsin and Iowa, would respectfully call the attention of the profession in these States, to the printed circulars sent out by him during the past summer. If all the inquiries contained in the first issue of circulars cannot be conveniently answered, or if the circulars have been lost, we would like to receive such information as *can be given,* from every locality. If the Circulars have been mislaid, we would suggest attention to the following points :

1st. The origin and progress of Epidemics, and their peculiarities if they present any.

2nd. The causes, either certain or probable.

3rd. Its contagious character, or otherwise, with proofs thereof.

4th. The prognosis.

5th. The treatment.

6th. Collateral circumstances, such as meteorological and other phenomena, having a direct or indirect bearing upon it.

Physicians will please send in their communications as early as possible. Postage paid by undersigned.

J. F. SANFORD.

TO OUR PATRONS.

We desire to return our thanks to the friends who have sent in their names with orders for the Journal. They have thus demonstrated their desire to maintain the only medium through which Iowa and a considerable portion of Illinois and Missouri can establish a medical literature of their own. It is true an occasional artlcie may be sent abroad for publication, but these articles, however ably written, do nothing toward representing the general intellectual enterprize of this region.—The support of a medical periodical in any locality, illustrates the interest the profession of that locality feel in the progress of medical science, for without some interest in that way, no periodical could be sustained. But are there not many practitioners in Iowa and the contiguous parts of Illinois and Missouri who do not take this Journal? If so, why do they not take it? Some may say, perhaps, that its course does not, in every respect suit them, or that it is a small affair at best.

Let those who have seen it bear witness, that it has no prescribed *course* except faithfully to reflect the opinions and practice of the profession around it, and to present, as far as possible, the progress in medical science achieved by the profession abroad. In this respect, let it be compared with other journals of the same size in other portions of the country. Let every objector, however, instead of coolly making this an apology for his natural indisposition to do any thing for a profession by which he lives and enjoys a respectable position in society, *subscribe and write for the Journal,* and thus justify its enlargement and add to the interest of its pages. In this way he will benefit the profession, and make himself a reputation which will be a source of pleasure to him in after years.

May we get at the hearts of our friends for a moment, and *earnestly request them to assist in extending our circulation?* In many towns of considerable population, having 5 or 6 physicians, we have but one or two subscribers. Will not these one or two, see their brethren and obtain their names? It will require but little exertion—an hour in the evening—whilst it will confer the greatest benefit upon us, and ultimately—as we humbly hope—upon the cause of science.

Publications Received.

Review of Chemistry, for Students: adapted to the course as taught in the principal Medical Schools of the United States. By John G. Murphy, M. D. 1 vol., 12 mo., pp. 328. Philadelphia—Lindsay & Blakiston, 1852.

We have, for the most part, been opposed to that whole class of medical publications, usually included under the denomination of abridgments. They usually afford the student but a partial, and therefore, false view of the subjects of which they treat, and often render him fully satisfied with quite limited attainments. As new *abridgments,* they are of course incomplete, and by their imperfect pathways. the traveller who trusts to them, often falls through, into the abyss of ignorance or presumption, below.

The work before us, however, is not liable to these objections. In a narrow and convenient compass, it gives us all the more important practical facts which we should glean from much more corpulent volumes. We have some fifteen of the ordinary text books of chemistry before us, every one of which is larger than the Review of Chemistry,

and no one of which, probably, comprises so many and well arranged facts and principles, in relation to the science.

Such works, used in the intervals of the study of larger and more explanatory works, must prove eminently useful; but we caution the mere student against relying upon them, alone. Works of this nature serve to isolate important points, to set them before the student, as landmarks, so that, if he uses them properly, he may in fact, gain a *more* comprehensive view of the study, than from the exclusive use of more bulky treatises—very much as a traveller uses a pocket map of the very country through which he is passing.

In some places, we think Dr. Murphy has given a less satisfactory view than he might have done. The whole subject of the nomenclature is "done" in half a page, and some other portions of the work are almost equally brief. To medical students, for whose use the work was prepared, it would have probably been more serviceable, had it contained at least some allusions to the practical applications of chemical agents, to medicine,—as of Light, Heat, Electricity, &c. A table of contents, too, would facilitate the use of the work, for reference.

Still, this little volume is calculated to fill a place, and to be of signal service to those who use it faithfully and properly.

J. E. S——N.

Review of Materia Medica, for the use of Students. By John B. Biddle, M. D. With illustrations. 1 vol.. 12 mo., pp. 322. Philadelphia—Lindsay & Blakiston. 1852.

The monarch, who was wearied by the tedious study of the Mathematical Sciences, and who asked if there was not some short cut to their attainment, was informed, by the "Geometer to his majesty," that there was no royal road to Geometry. But Dr. Biddle would almost lead students to believe that there is some royal road to Materia Medica; for he has here given us, in a small and convenient volume, all the most important points of the chief articles of the Materia Medica. The volume has a full Table of Contents, a copious Index, and frequent and accurate illustrations of the most important indigenous plants. We have examined the work carefully and are of opinion that such a volume would be of essential use to the medical student. It fixes in his mind the chief points of ossification, around which the future amplifications of study are to arrange themselves—and we consider this a very important service to render to the nevial. In so thoroughly concise a volume, every article of the Materia Medica can-

not of course be noticed. We see no attention paid to Matico, Xanthoxylon, Rhamnus Catharticus, and we miss our old friend, the Valerianate of Zinc. The articles which are mentioned are treated with very judicious and concise completness, every most vital fact being plainly elucidated. The Elementary portion of the volume is especially of service to those for whose use it is prepared, and the treatise closes with a more than usually clear and intelligible table of poisons and their antidotes—a table, which, we think, should be omitted in no work of the kind.

Dr. Biddle has done a service. He has saved the student the necessity of turning over, every day, the ponderous volumes to which he has usually been restricted can,—who use, with much benefit, this work for daily reference, and employ his more volumnious text books for the purpose of amplifying his knowledge with reference to that more full attainment so necessary to every educated physician.

J. E. S——N.

The Medical Students' Vade Mecum. By George Mendenhall, M. D.

This publication is designed to furnish the student of medicine with a short view of the most important facts and principles which engage his attention during his pupilage, and also to furnish the young Practitioner such references on elementary subjects and practical points, as may be useful to him in cases of emergency. The outlines of each department of medicine are presented, and the arrangement of subjects is intended to correspond as nearly as may be. to the course usually pursued in Medical Colleges by lecturers on the different branches.

Every student of medicine who has attended Medical Lectures,, has experienced the difficulty of keeping pace in reading the common text books, with the progress of the lectures. Many pages have frequently to be studiously perused, in order to arrive at the main points in the discussion of a question, and this requires time which he cannot spare from the immediate occupations of the College. In this work, a glance is sufficient to guide his thoughts in the most important channel, and thus time may be saved, aud labor abridged.

Numerous examples of common extemporaneous prescriptions: table of signs and abbreviations; formulæ for dietetic preparations, quantities of essential ingredient in different compounds; alcoholic strength of wines, &c., render it a valuable companion to the practitioner.—Published by Lindsay & Blakiston, Philadelphia. For sale at Houghton's Book Store, Keokuk.

OBITUARY.

The venerable Doctor Daniel Drake, one of the most distinguished of American writers and teachers, died in Cincinnati, Ohio, on the 5th inst., from Apoplexy, after a brief illness.

In the death of this eminent man, rendered illustrious by the proudest monument which scientific industry has ever reared in the great Valley of the West, the American profession has lost a father, whose labors for half a century have been devoted to their happieess and elevation.

Hereafter we will endeavor to present to our readers an extended sketch of his life and services.

Herbert Mayo, M. D., Lecturer on Anatomy and Physiology, in King's College, and Surgeon to Meddlesex Hospital.

J. Dalrymple, Esq., Surgeon to the London Hospital, and author of a treatise on Diseases of the Eye.

J. P. Vincent, Esq.

M. Recamier, Physician to the Hotel Dieu, Paris, and author of dissertations on Uterine Diseases, etc.

TO SUBSCRIBERS.

In the present issue of the Journal, bills are sent to all subscribers in arrears. It is hoped a prompt response will be made, as the Publishers feel themselves unable to go beyond the resources of the Journal to supply the material for its publication.

PUBLISHERS.

We acknowledge the reception of a small package of very beautiful chemicals and pure drugs from the establishment (recently fitted up,) of Dr. W. H. Farner & Co. From an inspection of the Doctor's large stock, and the beautiful arrangement of his rooms, we were much pleased with his store, and as he made the selections of all the new preparations himself, and superintends the preparation of his compounds, with an especial reference to the wants of the profession, we solicit for him the favorable attention of those who have business in his line.

Dr. A. C. Post recently performed the Casarean Section successfully, in the city of New York.

CHLOROFORM.
PURE.

Much of the Chloroform of commerce being very impure, and its use having in some cases been attended with unpleasant consequences, we have been repeatedly urged to make some, at our Laboratory, of a quality superior to that generally for sale in this market. We would therefore inform the Medical Profession, that we have prepared an article, the purity of which can be implicitly relied on.

Nitrate of Silver

Can also be obtained from us perfectly PUREr thetiskcrn,oesii crystals, manufactured at our Laboratory.

Morphine.

Our Morphine having acquired a reputation superior to any other, those who have occasion to use the article, will be satisfied of its excellence by giving it a trial.

WE ALSO PREPARE

THE SYRUP OF IODINE OF IRON,

Now so highly esteemed as a remedy in Scrofulous complaints. These articles (which it is of the greatest consequence to physicians to have of reliable quality) are, with our other preparations, offered to the notice of those desiring

PURE DRUGS AND CHEMICALS, AND SUPERIOR EXTRACTS,

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November, 1851.

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ART. I.—*Case of Strangulated Hernia.* By SAML. F. ROBERTS, M. D. *of Illinois.*

Frederick Lesslie, aged 27, of sanguine temperament and robust constitution, was attacked Oct. 11th, 1852, with symptoms of billious colic, which he attributed to exposure and severe exercise in the storm and mud the day before. The symptoms referred to, came on in the morning shortly after eating breakfast, and were ushered in by a slight chill, succeeded by severe pain low down on the right side of the abdomen. This continued to grow worse until 12 o'clock, when being unable to sit or lie in any position without pain, and the distress extending upward to the right hypochondriac and the epigastric regions, he sent for a "botanic" physician, who lived in the neighborhood.

The Doctor arrived at 3 P. M. The symptoms were increasing in severity, so that the patient's complaints were constant and audible. Probably influenced by this fact, or by his peculiar theory, that emetics constituted an essential beginning in the treatment of disease, the Doctor proceeded, instantly, without an attentive or satisfactory examination, to give the patient an emetic of Lobelia. The patient had previously complained of slight nausea, and immediately after taking the Lobelia, commenced vomiting violently. During the vomiting, the Doctor gave him an Enema of some kind, which brought away a small quantity of fecal matter, but neither the vomiting or this partial dejection gave the patient the slightest relief. The patient continued to vomit until 9 o'clock at night, still complaining of pain and distress in the bowels, when the Doctor becoming alarmed, administered some aromatics with a view to check it. At the same time he resumed the

use of injections, which he gave every half hour, for the purpose of moving the bowels, hoping thereby to allay the irritability of the stomach. The only dejections from the bowels, however, consisted of the substance of which the injections were composed, and these were not attended with the slightest relief. About 6 o'clock, A. M., on the following morning, the vomiting seemed to subside from actual exhaustion, and the patient fell into a kind of uneasy and delirious sleep.

Deeming this a favorable opportunity to secure the effect of a Cathartic, the Dr. commenced the exhibition of some drastic articles of this class, which immediately brought on the most violent Emesis.—This continued till 11 o'clock, A. M., when the stercoraceous character of the ejections from the stomach become evident to the physician and to those around the bed. This excited alarm, and after consultation, the family resolved to send for a "Medical Doctor." A messenger was accordingly dispatched for me, and I arrived at the house at half past two, P. M. I found the patient in the following condition. The pulse was small and frequent; the skin cool and covered with clammy perspiration, the respiration slightly hurried, an occasional hacking cough, with an apparent effort to suppress it; anxious expression of countenance, restlessness. There was occasional vomitive efforts—not very great—with an easy, careless ejection of fluids previously drank.

Without consultation with the Doctor, who informed us that he had done what he could, and desired to leave the case entirely to our direction, we proceeded to a very careful examination of the abdomen. We would here remark, that we have never forgotten the impressive admonition we once received from a Professor of Surgery, "that in all cases of abdominal pain, attended with costiveness and vomiting, we should be on the look out for hernia, and especially if there be symptoms of prostration and failing of the vital powers." It was with this object that we turned our attention to the abdomen in the present case, to ascertain, if possible, the seat and nature of the difficulty which had proven so obstinate. The abdomen was full and somewhat tympanitic and generally tender. In the right groin, immediately above, and at the pubic insertion of Poupart's ligament, there was decided tumefaction, which upon pressure was found to be very tender. We now questioned the patient concerning his previous history, and he informed us that about *nine months before, whilst lifting a heavy log, he felt something give way,* which excited his attention, and upon looking, he found a swelling at the spot described. The swelling came down during the afternoon and would subside in the morning, yet it

had never given him any trouble, and he had not thought of it since he was taken.

The case was now clear. We had strangulated inguinal hernia, which had been overlooked. After continuing our examination for some time, with a view to determine the character of the hernial contents, and the seat of stricture, we proceeded with the aid of such of the usual auxilliaries, as we felt justified in using to the performance of the *taxis*. But with the most careful manipulation, we could possibly institute, relaxation of the abdominal muscles, and gentle, long continued kneading pressure in the direction of the inguinal canal, we found ourselves wholly unable to overcome the obstruction, and announced to the patient the only procedure, which in our opinion, would save his life. To the operation, he and his friends readily consented, and we proceeded to perform it in the following manner. We placed the patient on his back on the margin of a bed, with his thighs flexed and separated, and picking up the skin over the hernial tumor, passed a bistoury through the base of the fold and cut outwards, by which an incision three inches long was made through the integuments. The upper edge of this incision, was at the neck of the tumor and extended downward upon the body. The superficial fascia was now pinched up with the forceps at the lower angle of the wound and a small transverse cut made through it with the scalpel, and into this the grooved director was passed in the direction of the first incision. The fascia was then divided from within outward. The cremaster muscle and fascia propria were then treated in the same way, when the hernial sac came into view. We now pinched up a small portion of the sac and carefully rolling it between the thumb and finger to separate it from the omentum and intestine beneath, divided it on the director as we had done the other layers. A small portion of fluid escaped and the intestine was brought into view. It was necessary to examine it closely to see that it was not mortified. We discovered nothing, however, but some slight ashy discolorations, and proceeded by carefully introducing our finger to search for the seat of stricture. We found the case to be one of oblique inguinal hernia, and the stricture at the internal ring. Taking great care to ascertain the position of the epigastric artery, which we found in the ordinary situation, we introduced Cooper's hernia knife flatwise upon the finger and divided the stricture directly upwards. With a very slight effort the bowel was now returned and the wound closed and dressed in the usual manner.

Every precaution was taken to prevent a reprotrusion. The symp-

toms of strangulation immediately subsided. In six hours after the operation a free, spontaneous movement of the bowels took place, followed by very great relief. The patient had a rapid and pleasant recovery, and is now exercising moderately, wearing during the day an accurately adjusted Truss.

The principal object of sending for publication in your Journal, an account of this case, is to attract the attention of practitioners to the great importance of a close examination of the abdomen in all cases where symptoms of the character above described exist. A few hours longer neglect of this examination in the case of Lesslie, would have led to a fatal termination.

ART. II.—*Case Resembling Strangulated Hernia.* By THOS. SIVETER, M. D., *of Iowa.*

Dr. J. F. SANFORD :—

On the 13th of this month, I was informed by Dr. Marsh, of West Point, Lee County, that Mr. Avis of that place, wished me to make him a professional visit. I called on Dr. Marsh on arriving at West Point, who informed me he had waited on Mr. Avis, some eight or ten days since, that he discovered he was laboring under strangulated inguinal hernia, that by appropriate means being used, he had reduced the hernia so far as to remove the symptoms of strangulation and restore the action of the bowels; the pain and stercoraceous vomiting ceased, yet the whole of the tumor in the scrotum did not disappear. The remaining portion he conceived to be omentum, which had formed adhesions to the hernial sac. The Doctor gave Avis proper treatment and he remarked that he felt about as well as was usual for him to do. Nevertheless, some two or three days since the same symptoms recurred, the same means used to reduce the hernia, but without avail. Obstinate constipation existed, stercoraceous vomiting, and some soreness about the tumor. With this information we visited the patient. He had been troubled with the tumor for fourteen years, but had thought it a disease of the testicle, consequently had never used a Truss or any means to reduce it. He is a very spare, thin man, from 40 to 50 years old, has of late years been subject to colicky pains and billious vomiting, which has increased upon him lately. The warm bath, tobacco, enema, &c., having been used without removing the tumor, and there being stercoraceous vomiting and entire cessation of fecal evacuations, it was

proposed to put him under the influence of Chloroform and make one more attempt to reduce the rupture. This was accordingly attempted but without effect, the tumor and symptoms remaining in *statu quo.*—Nothing less than an operation by incision seemed to afford any prospect of relief, and he was desirous to have it performed. I must say I was surprised that there was little or no abdominal tenderness, and that considering the efforts by way of the taxis, not much tenderness about the scrotal tumor, which was hard, inelastic and about five inches long, cylindrical and one and a half inches in diameter. He was put under the influence of Chloroform and an incision made. A careful dissection through the dense, homogeneous fibrous mass was then effected, but no sac could be found. I expected to find the proper sac with omentum adherent, but under this I hoped to see the intestine, from the fact that about ten days before, Dr. Marsh had reason to believe he had reduced the gut, but not the omentum. With the most careful scrutiny, I concluded to go on, and little by little, proceeding thus carefully, I finally made a small opening, through which weeped a little fecal matter. I was loath to give up, though I had failed to discover the sac, so I enlarged the incision towards the bottom of the scrotum, and by a new dissection, say an inch or more below the small opening I had made, but with the same result. I now enlarged the opening so as to let in the point of the director, and introduced it up the tube of the gut about an inch, where it met with resistance. I concluded to detach the sac, or more properly the condensed mass—for there was no sac—from the surrounding tissues; I did so as far up as the peritoneum, but there was no stricture about the abdominal rings. I followed the mass down to the bottom of the scrotum, and there at the end of the tumor lay the testicle in its appropriate tunis; the spermatic chord was attached to the inside of the tumor, flattened and spread out and still attached to the testicle. We had already concluded there was no chance for the man but an artificial anus. I therefore endeavored to detach the tunica vaginalis and spermatic cord from the tumor, but the cord was so indistinct and assimilated to the texture of the mass, that it seemed impracticable. I therefore severed the cord, detached the testicle from the tumor, made an opening into the point of the tumor, from which oozed a little fecal matter, placed the tumor with its dependent opening near the abdomen, closed the wound and put the poor patient to bed. This was all done by candle light, it being now about midnight. I went to bed, thought the matter over and came to the following conclusion. In the course of the fourteen years, the sac and the gut had formed one solid mass. The gut never had been strangulated. The tube of the in-

testine had gradually contracted its calibre by condensation and thickening its walls, till finally it became impervious, and that Dr. Marsh merely forced a passage of the fluid feces through the tube of the bowel, when he had reason to suppose the gut was returned, but not the omentum.

If the man is still alive, he has an artificial anus. If he is dead, Dr. Marsh intends to ask permission to remove the tumor with a portion of the sound bowel above its passage through the peritoneum and a portion of the surrounding parts. I intend to inform thee of the result, either by the history of an artificial anus, or by presenting thee with the morbid specimen.

Salem, Iowa, 1st Month 19th, 1853.

ART. III.—*Surgical Cases.* By J. F. SANFORD, M. D.

ANCIENT DISLOCATION OF THE HUMERUS FORWARDS BENEATH THE CLAVICLE.—Daniel Davis, aged 51 years, applied to me, March 13th, 1852, with a dislocation of the shoulder joint, of nearly three month's duration, of which he gave the following account. About the first of January, he had been thrown from a buggy upon some hard substance, and had sustained a very severe injury of the arm and shoulder. Extensive tumefaction almost immediately ensued, and when his physician saw him a few hours subsequent to the injury, its character and extent were so obscured by the swelling, as to render an accurate diagnosis almost impossible; it became evident however, to Dr. Witter, after a careful and patient examination that there was a fracture of the humerus above the insertion of the deltoid, and finding it impossible to satisfy himself further as to the condition of the shoulder, he proceeded to apply the usual apparatus for fracture of the upper end of the humerus. Nothing remarkable occurred during the subsequent two or three weeks, but when at the expiration of this time, the fracture dressing was removed, the absence of swelling in the vicinity of the shoulder enabled the attending physician to detect the existence of a luxation of the head of the humerus.

A consultation was immediately called and it was decided to make an attempt at reduction; this effort was accordingly made with the utmost care, but without success. The patient's arm was stiff, painful and useless, and after the lapse of a few days, he was induced to submit to another attempt at reduction, which like the former, was made in vain. He remained in this situation until March, when by

the advice of his physician and friends, he visited Keokuk for the purpose of obtaining surgical advice. On the 13th of March, I saw him in consultation with Dr. Reynolds, his physician, who accompanied him, and found the patient in the following condition. General health good. Age 51 years. The elbow was carried slightly backward and could not be brought across the chest, it was also slightly abducted. There was a perceptible hollow beneath the acromion process and quite a tumor below the humeral end of the clavicle. When motion was communicated to the elbow, the head of the bone was felt to move in this latter situation. There was shortening of the arm to the extent of half an inch. It became apparent that this was a dislocation forwards and upwards beneath the clavicle. After an attentive examination of the case, we resolved to place the patient upon a proper preliminary treatment for a day or two and then attempt the replacement of the bone.

On the 15th of March, the patient was placed upon the operating table, after having taken a solution of antimony for two or three hours to facilitate the more complete relaxation of the muscular system.—The proper application of counter extending and extending bands was now made to the body and arm, taking care that the former should fix the scapula and that the latter should not abrade the arm when the necessary force was applied. The patient was laid on his back, with the head and shoulders elevated ; the counter-extending bands were firmly attached to an immovable bench above the level of the body, whilst the extending bands were connected with the pulleys and attached beyond, to a ring in the floor. This brought the force nearly in a direction with the arm in its abnormal position. All things being in readiness, chloroform was administered, and the force gradually applied. It required an immense force to move the bone from its new situation, but by the gradual increase of extension and free rotation of the head of the bone with a view to break up the adhesions which it had formed with surrounding parts, it finally began to yield and was felt to move slowly toward the glenoid cavity, which it entered with a sensible jerk, when the force from the pulleys was rather suddenly relaxed. The shoulder was now attentively examined by several medical gentlemen present. The hollow under the acromion and the tumor beneath the clavicle had disappeared, and when motion was communicated to the elbow, the head of the bone was felt to move in its natural situation. The arm was now bandaged to the side, the fore-arm placed in a sling and the patient admonished that the utmost care was necessary to prevent re-displacement.

The patient returned home in a day or two after the operation, and by a letter received a few weeks subsequent to his return home, I learn that no accident occurred, and that he was slowly regaining the use of his arm.

Anchylosis of the Knee Joint.—Mrs. Squires, aged 26, presented herself at the University Hospital, April 27th, with anchylosis of the left knee. She had suffered an attack of Synovitis 18 month before, during which her medical attendant had permitted the limb to assume and remain in a flexed position. When the acute symptoms subsided, the patient found the leg permanently flexed at a right angle upon the thigh. The tendons of the ham were dense and rigid, and so remained in spite of the diligent application of oleaginous substances which were directed by her physician. In this condition, she left Portsmouth, Ohio, in March, and arrived in Iowa about the first of April.

Upon examination, the structures about the knee were found much enlarged; but no tenderness could be detected in any part of the articulation. The tendons of the ham were rigid and unyielding; the patella was moveable and backward motion to a slight extent in the knee. The patient moved about with the greatest effort upon a crutch. Her general health was good.

Having readily assented to the necessary operation, she was placed upon the operating bed, on her right side, and chloroform having been administered, the tenotomy knife of M. Guerin, was introduced beneath the skin a short distance within the tendons of the semi-tendinosis and semi-membranosus, beneath which, it was made to advance flatwise. The edge was then turned outwards, whilst an assistant rendered the tendons tense by pulling upon the foot, and a division was accomplished. The knife was now slowly withdrawn, the finger pressing upon its track. and the orifice in the skin closed with lint and plaster.

The tendon of the Biceps was in a similar manner divided—introducing the knife from the outside of the limb. Upon the division of these tendons, together with some bands of fascia, the flexion of the limb was overcome to a very perceptible extent, but any forcible effort toward extension, produced severe pain in front of the articulation beneath the patella. The limb was now enveloped in a flannel roller, and repose enjoined for 48 hours. At the expiration of this time, the patient having suffered no pain from the operation, an instrument resembling Amesbury's apparatus, having a powerful screw at the knee joint, by which it could be brought into the straight position, little by little, from day to day, was applied and the

straightening process commenced. This was continued about ten days, when it was found that the limb was sufficiently straight to bring the patient's foot upon the floor, after which, the instrument was suffered to remain undisturbed. When the soreness resulting from these proceedings subsided, the instrument was removed and the starch bandage applied, with lateral paste board splints to strengthen the joint and prevent retraction.

Result, Aug. 20th.—The patient can now walk a mile without a crutch or cane.

Remarks.—This is one of five cases of anchylosis of the knee joint, upon which I have operated during the past spring and present summer. Some of longer and some of shorter duration. They all followed inflammatory diseases of the knee joint. They have all been cured by the operation described. The particular object, however, of recording this case, is to afford an opportunity of urging attention to a practical maxim of great value in the treatment of diseases of the joints, viz : *Always place a limb in that position in which it will be most useful after recovery.* If this had been done, no operation would have been necessary in any of the cases alluded to. It is well in all cases, as the case advances, to subject the part to gentle passive motion, so as to retain the use of the articulation, but if anchylosis must be the result, maintain the limb in such a position as to secure, at least, partial benefit to the patient. An anchylosed elbow joint in a straight position, renders the limb useless, whilst the same position of a stiff leg, is of incalculable value to our patients. I may add, that more or less motion of the knee joint has been retained by all the persons referred to.

Case of Spina Bifida, successfully treated by the operation of M. Dubourg.—The recent introduction of the practice of Dubourg in cases of Spina Bifida. the limited extent to which it is followed in this country, together with its admirable efficiency in these otherwise inconvenient lesions, justify the publication of the following case.

About 18 months ago, we were requested by Dr. Craig, a respectable physician a few miles west of this city, to see his child, an infant ten days old, which had a tumor about the size of a hen's egg, projecting from the lumbar region. This tumor was pediculated, seemed to be formed of the common integuments in the shape of a pouch and containing a fluid, the cavity communicating with the spinal marrow at a hiatus where the processes and body of the vertebra were wanting. At one point of this integumental pouch, the walls were thin and transparent, and this created a constant apprehension on the part of

the parents that bursting would occur if the child were laid upon its back or from other violence. The general health of the child was very good.

With the concurrence of Dr. C., we proceeded to remove the tumor by two elliptical incisions, commencing at the same point above, carried around on either side and terminating together below. The tumor was then dissected away. Its interior was found to communicate with the spinal canal by an orifice between the vertebra the size of a goose quill, and from the pouch there escaped about half an ounce of thick yellowish serum.

The lips of the wound were brought together by three pins and the twisted suture, the points of the pins being separated from the integuments by small compresses and the whole sustained by strips of adhesive plaster and a body bandage.

The principal object of this operation is to effect approximation of the boney edges of the congenital deficiency in the spine, and this object is frequently fully accomplished, inasmuch as the boney tissue in early infancy, to which this congenital disease belongs, is of a flexible and gelatinous character.

In three days the pins were removed and although slight ulceration occurred in the wound, union was perfect and the child is now in excellent health.

SELECTED PAPERS.

ART. IV.—*Observations on the Use of Potash in the Treatment of Scurvy; with Cases.* By Wm. A. Hammond, M. D. Assist. Surg. U. S. Army.

Hitherto, in the treatment of scurvy, little reliance has been placed by physicians in medicines, strictly so called. Fresh vegetables, lime-juice, &c., have been regarded as indispensable to the cure of this disease; and in situations where these articles could not be obtained, the unfortunate patient has generally lingered out a miserable existence till relieved from his sufferings by death.

The researches of animal chemistry have, at length, however, thrown some light upon the pathology of scurvy; and if future observers confirm the results derived from the following cases, it will not be the least boon which that science has conferred upon the practice of medicine.

New Mexico, where the following cases occurred, presents to the physician a wide field for the observation of scurvy. During eight

months of the year, it is exceedingly prevalent among the troops stationed in this territory, and from the scant vegetation of the country, it is impossible to obtain those vegetables generally esteemed most beneficial in the treatment of the disease under consideration. Perhaps, however, I saw less of scurvy than any medical officer stationed in New Mexico. There did not *originate* among the troops serving at the post with me more than four or five cases, out of twelve admitted into the hospital, and those were generally of a mild nature. This immunity from the disease I ascribe to the fact, that the small stream which flows past the post (the water of which was used by the troops) contains potash in quite an appreciable quantity. From one of the springs situated among the mountains, which supply the main stream, I obtained very satisfactory evidence of the existence of potash in considerable abundance, a large precipitate of the bi-tartrate being thrown down by a solution of tartaric acid.

A small portion of some salt of potash (say the bi-tartrate, as the most agreeable), issued to the troops as a component part of the ration, would, I am confident, entirely prevent the occurrence of this affection among them.

The cases here presented are selected from about a dozen others as being those in which the disease was further advanced before being placed under treatment.

Case I.—William Henry, a private in company "K," 2d U. S. dragoons, admitted in hospital at Cebolleta, New Mexico, January 2, 1850, with scorbutus. Has been on detached service to Santa Fe, and while there became affected. Countenance sallow and bloated, breath extremely fetid, and gums exceedingly tender, bleeding profusely upon the slightest touch. Legs and thighs covered with the characteristic livid spots; stiffness of the knee and ankle-joints, and slight œdema of the feet. Ordered, potass. carb. grs. v, ter in die, and sol. aluminis, for mouth.

January 3. Much improved; continued medicines, 4th, 5th, 6th, and 7th; continued to improve; ordered medicines as before.

8th. Gums hard and firm; maculæ on legs and thighs entirely gone; complexion clear, and general health restored. Omit medicine.

9th. Discharged hospital, cured.

Case II.—Augustus Miller, private 2d dragoons. Admitted into hospital May 26, 1850. Has been affected with scurvy for three weeks, at Albuquerque, New Mexico, and has been under treatment for it. Does not know what was given him. Transferred with his company to this post May 25, 1850. Says he feels a little better since his arrival here. Has some pain in right leg, at seat of a fracture which occurred some years since. Maculæ on legs and thighs very abundant, and two or three large extravasations of blood about the ankle-joints of each leg. Ordered potass. carb. grs. v, ter in die.

28th. Spots on lower extremities disappearing; skin over fracture livid in appearance, and slight motion can be perceived at the fractured part. Continued medicine as above.

29th. Improving. Pain in leg much less. Motion of fractured

parts slightly perceptible. Extravasation fading. Gums firm, and healthy in appearance. Committed some indiscretion in his diet today, in consequence of which he became affected with dysentery, which required very active treatment. Potass. carb. was omitted on the 31st, and on June 1st, all signs of scurvy had disappeared. He is much debilitated from the effect of the dysentery, which still continues.

June 7. Convalescent. Continued to gain strength, and on the 12th was discharged hospital, and returned to duty.

CASE III.—Rafael Garcia, a Mexican, has been affected with scurvy for a month or more at Belin, New Mexico, where he has been on a visit to his friends. First noticed the disease at that place. Returned to this village June 5, 1840. I first saw him on the 7th. Gums exceedingly tender and spongy; teeth very loose, and sore to the touch. Has several large extravasations of blood on his legs, and myriads of the characteristic spots. On the anterior surface of the left leg is an ulcer three inches in diameter, of a pale, indolent appearance; knees stiff, flexed on the thigh, and very painful on any attempt to extend them. Ordered potass. bi-tart. ʒj, ter in die. This medicine was continued for two weeks, at the end of which time all signs of scurvy had disappeared, with the exception of the stiffness of the knees. By friction and careful passive motion for a week, the free use of these joints was completely restored. The ulcer of the leg healed perfectly without the use of any local application but ung. simp.

These cases are, I conceive, sufficient to prove the benefit to be derived from the use of the salts of potash in the treatment of scurvy. Others could be adduced; but as they are generally similar to the above in all essential particulars, I have not thought it necessary to introduce them here. In regard to the most eligible combination of potash, I am inclined to think the bitartrate preferable. It is more generally relished by patients, and, independently of this advantage, I think its purgative and diuretic properties beneficial. Both this and the carbonate, however, becoming exhausted at the post, I administered several other salts of the same article, both separately and with citric acid, without, however, perceiving that the latter article at all accelerated the cure.

No vegetables were given to the patients, for the simple reason that they could not be procured. They certainly would have proved powerful adjuncts to the potash in the treatment of the disease; but from the arid nature of the soil of the country, it is impossible to obtain them, even when in season, in sufficient quantities for the use of the sick alone.

In situations where the water has not a chemical constitution resembling that of Cebolleta, I should think it expedient to increase the quantity of potash given at each dose considerably over that indicated by the above cases. I did not, however, find it necessary to administer to any over two drachms of the bicarbonate thrice daily, and this quantity was given but to one patient.

In all, twelve cases of scurvy were treated with the salts of potash. Of these, four originated at the post, the remainder in different parts of the territory. All recovered perfectly, and in no case did lameness or other deformity remain. The minimum period of treatment was three days, the maximum twenty-one days, the average nine days and six-tenths.

In regard to the *modus operandi* of potash in scurvy, I think the hypothesis of Dr. Garrod, of London (to whom I am indebted for the idea of its curative properties), correct. He regards the disease as depending upon a deficiency of potash in the blood, and considers it essential to the perfect nutrition of the muscular fibre.* The urine of each patient whose case is here related, as also that of all in whom it was examined, exhibited, before treatment, a total absence of potash, and I noticed that, as this substance appeared in the urine, amendment commenced.

The action of this remedy must be seen, in order to be properly appreciated. The return of strength to the body, cheerfulness to the mind, and the speedy disappearance of all symptoms of the disease which ensue so quickly upon its administration, liken its influence more to that of a charm than aught else.

The importance of the discovery of the curative properties of potash in the treatment of scurvy cannot be too highly estimated. In our own country, especially, will it prove a most valuable acquisition. Scurvy has been the scourge of the numerous parties of overland emigrants to Oregon and California; more, probably, having been affected among them by this disease than all others combined, and numbers have, in consequence, left their bones upon the plains. From the facts previously mentioned in this article, I am satisfied that not only as a *remedy* is potash valuable in scurvy, but that as a *prophylatic*, also, its qualities entitle it to a high rank among that class of agents. On the score of economy, a better one could not be obtained.

The attention of physicians is invited to this subject. It is only by numerous experiments that the efficacy of this article can be established on a firm basis, and if these are made, they will, I think, have as much reason to be satisfied with its action as myself.—*Amer. Journ. Med. Sci.*

ART. V.—*Scarlatina.* By Prof. Bennett.

Prof Bennett, in a clinical lecture (*Monthly Journ. Med. Sci.* Oct. 1852), after relating three cases of this disease, remarks: "Of all the eruptive fevers, scarlatina is the most rapid in its invasion, and the most *simple* in its course. Great watchfulness is therefore demanded on the part of the practitioner, especially when the crisis is to be expected, so that if the pulse falters, and prostration comes on rapidly, he may be prepared to meet it. Perhaps, also, scarlatina is the most infectious of the eruptive fevers, so that complete separation

* See American Journal of the Medical Sciences, July, 1848, pp. 200–203.

of the patient from the other members of a young family is at all times to be insisted on as soon as possible.

"A chief peculiarity of scarlatina is, that, in addition to the general fever and characteristic eruption, the tonsils and mucous membrane of the mouth and pharynx are also inflamed. This occasions difficulty of deglutition, with soreness of the throat, symptoms which require for relief topical remedies—such as leeches, fomentations, astringent and slightly acid gargles, or a linctus, etc. If sloughing or ulceration occur, the application of the stronger acids, or the nitrate of silver, is often necessary. The difficulty of deglutition sometimes impedes the introduction of food into the stomach, and in this way assists in producing prostration, and prevents the administration of stimulants or medicine. It may also, in severe cases, impede respiration, and assist in producing asphyxia directly. A fatal result, however, when it does occur during the primary attack of scarlatina, is generally dependent on the same causes which induce it in typhus fever—namely, congestion of the brain, as indicated by delirium, passing into coma, and followed by prostration of the vital powers. In addition to the throat complication, there are various others, all of which may require a special treatment. In the vast majority of cases, however, a general treatment, directed in the first place to subsiding the excess of fever, and afterwards to supporting the strength, is indicated.

"Many efforts have been made by different practitioners to check or modify the intensity of the disease by administering various drugs, or carrying out particular kinds of treatment. Hence, during certain epidemics, or in its visitations to particular educational institutions, various practitioners have been sanguine enough to believe that their especial mode of practice has been more successful than any other. I do not consider it necessary to direct your attention to the numerous plans which have been thus proposed, because all of them have been only partial in their operation, and no one of them has been more successful than another. You must remember that the causes of scarlatina are as mysterious and unknown as are those producing every kind of fever; and that its fatality, like that of fever, is to be traced to constitutional circumstances in individuals, to unhealthy localities, or to the so-called type of the particular epidemic. Nothing, therefore, is more difficult under such circumstances than to judge whether the non-fatality observed at one time, or in a certain establishment, is referable to this or that practice. At all events, I have been unable to satisfy myself that any general rule of empirical or rational practice is to be derived from the contradictory accounts which have from time to time been made public on this subject.

"The most recent system of treatment which has been brought forward is that recommended by Dr. Andrew Wood; and I notice it in deference to the great experience that gentleman has acquired from his position as physician to Heriot's Hospital and other educational establishments in this city, which have been attacked by numerous epidemics of the disease. He considers that the most efficient and safe method of treatment consists in acting powerfully on the skin, with a view of thereby assisting nature to eliminate the scarlatinal

poison from the system. As ordinary diaphoretics frequently fail, he has recourse to the following method: Several common beer bottles, containing very hot water, are placed in long worsted stockings, or long narrow flannel bags, wrung out of water as hot as can be borne. These are to be laid along side the patient, but not in contact with the skin. One on each side, and one between the legs, will generally be sufficient; but more may be used if deemed necessary. The patient is to lie between the blankets (the head of course being outside) during the application of the bottles, and for several hours afterwards. In the course of from ten minutes to half an hour, the patient is thrown into a most profuse perspiration, when the stockings may be removed. In mild cases, the effect is easily kept up by means of draughts of cold water, and if necessary, by the use of two drachm-doses of sp. mindereri every two hours. In severe cases, where the pulse is very rapid—the beats running into each other—where the eruption is absent or only partial, or of a dusky purplish hue—where the surface is cold—where there is sickness or tendency to diarrhœa—where the throat is aphthous or ulcerated, and the cervical glands swollen, then he follows up the use of the vapor-bath by four or five grain doses of carbonate of ammonia, repeated every three or four hours. Should this be vomited, then brandy may be given in doses proportioned to the age of the patients. Carbonate of ammonia he considers to act beneficially; 1st, by supporting the powers of life; 2d, by assisting the development of the eruption; and 3d, by acting on the skin and kidneys. Where the vapor-bath was used early in the disease, and its use continued daily, or even twice or thrice a day, according to circumstances, he has found that the chance of severe sore throat was greatly obviated. In regard to supervening dropsy, he considers that, by the use of the vapor-bath, with the other necessary precautions as to exposure, diet, etc., its recurrence is rendered much more rare. In the treatment of the dropsical cases, it was also very useful, and even might be trusted to entirely in some cases. Dr. Wood also condemns all depleting treatment, and even purgatives, during the first ten days, as not only not required, but positively dangerous, as tending to interfere with the development of the eruption. In the later stages, as well as in the dropsy, however, he thinks purgatives are often beneficial.

"The general plan of treatment appears to be so far rational that its object is to hurry forward the disease by applying damp heat to the skin, and by thus assisting nature to make her operations more perfect than they might otherwise be. In other words, by rendering the febrile eruption more complete, diminish the risk of its leaving behind it a tendency to subsequent disease. Whether this plan as a whole will, in practice, prove more extensively beneficial than any other, can only be determined by an extensive trial and careful comparison of the results. I propose, however, to try it in the next case which enters the wards."

The Professor subsequently tried this plan of treatment, and offers the following observations in regard to it: "On the first occasion the vapor-bath produced little effect, but on the second copious

diaphoresis was induced. Yet it so happens that the disease, instead of being shortened or rendered milder, was unusually prolonged, and was followed by rheumatism, dropsy of the inferior extremities, and by pericardial effusion. The febrile symptoms terminated by critical depositions in the urine so late as the fifty-second day. Although admitted June 29, she was not strong enough to be dismissed from the infirmary until September 7th. This was certainly an unfortunate case to commence the trial of a new treatment with; and yet observe, the girl had been always healthy, and there was nothing to indicate at the commencement that the sequelæ would be so severe or so prolonged. It would be absurd, however, to suppose that we can test the value of any kind of treatment by one case. I only give you the facts as I find them. I shall certainly continue the practice until I am satisfied either that it is really beneficial; or, on the other hand, no better than the simple treatment formerly pursued.

"It has frequently been observed, that the urine in scarlatina, especially when dropsy supervenes, becomes albuminous. Dr. James W. Begbie, who has tested the urine in a considerable number of cases of this disease, considers its presence almost uniform. Aware of what he has written on this subject, I gave directions to the clinical clerk to test the urine daily, which was done during the whole time the patient was in the house. The result was, that on no single occasion was the urine in the slightest degree albuminous. Even on the day when a slight deposit appeared, which was made up of casts and epithelium of the tubes, the report says, 'No albumen in the urine when tested by heat and nitric acid.' This coagulability of the urine, as well as various deposites which appear in it on critical days, must be considered as an evidence of the excretion of the morbid products which have circulated in the blood. Hence it is common, not only in scarlatina, but in all inflammatory affections, as well as fevers. This point you must have seen me very observant of it watching for the resolution of inflammations and fever at the bedside. For the theory of its occurrence, I must refer you to my 'Treatise on Inflammation,' p. 65, and to a former lecture on 'Exudation.'—[See this Journal for Oct. 1850, p. 479.] It sometimes happens, however, that the critical discharge is comparatively slight, and that the organic elements are not dissolved so as to constitute fluid albumen. This appears to have occurred in the present case, for whilst morphological evidence of the crisis existed in the urine, in the form of cells and casts, it is distinctly stated no albumen could be detected by heat and nitric acid. Yet the girl's convalescence commenced from that day."—*Ibid.*

ART. VI.—*Anatomical Lesions in Stomatitis Materna, and their Treatment.* By J. C. HUBBARD, M. D. *of Ashtabula, Ohio.*

The want of success in the treatment of stomatitis materna results, I conceive, from overlooking certain anatomical lesions which exist in all marked cases. These lesions are ulcerations of the mucous

follicles of the intestines. We have seen five ulcers at a *post mortem* of a well-marked case of the disease, without any other morbid appearance to account for the fatal result. The buccal aphthæ preceded, several months, the diarrhœa of which the patient died. The ulcers were circular, about three lines in diameter, indurated, and very deep. Three of them were situated in the colon and two in the ileum. The surrounding surfaces were healthy, or nearly so. A lady, æt. 35, had borne three children before coming under our observation, and had severe buccal ulceration during the latter part of each pregnancy and during lactation, and could get no relief, though she obtained able advice, except by premature weaning, and suffered intolerably with intestinal symptoms, presently to be described. She was seen first by us ten days prior to her fourth lying-in. She had several large aphthæ on the sides of the tongue and cheeks, which were exquisitely painful. She complained of heat in the stomach, and colicky pains. The fecal discharges were solid, but more or less coated by a "jelly-like substance, and that often spotted with dots of blood;" we use the patient's language. After delivery, she flowed too much. Had irritative fever, darting pain through the colon, and pain with an urgent sensation of heat with tenderness about the sigmoid flexure, with fecal discharges the same as before delivery. The aphthous ulcerations increased in severity and number. She got up slowly. Exchanged her bed for the rocking-chair. An appropriate diet and the common medical means proved of no avail, and the patient anxiously awaited our consent to wean her child. It occurred to us that we should treat her for ulceration of the colon, and it was done as follows: She was ordered one of the following pills two hours after each regular meal:—

℞. Zinci sulph., Pulv. ipecac. equal parts of each 1 scruple; Resinæ flav. half scruple; Pulv. mastiches 2 scruples; Terebinth. canadens. q. s. M. ft. mass. pilul. in No. lx. dividend.

To empty the lower intestines just before retiring for the night with injections of cold water; to be administered slowly, and retained until the water is partially charged with heat.

At first view the reader may be tempted to pronounce the recipe a farrago; but when he reflects that, in order to change the character of the unhealthy ulcerations in the colon by medicinal substances, they must be applied directly to the diseased surface, and in sufficient quantities, he will see the propriety of the partially or slowly soluble bases of the pill. The zinc is doubtless the most efficacious drug in the compound. Still the ipecac., mastich, and turpentine are not without value. Three weeks after recourse to the above means, the case was decidedly improved, and satisfactory convalescence was soon after established. Six months after, exposure to inclement weather and fatigue brought on relapse; but a very prompt cure was effected by a resort to the original treatment, and she went through the usual period of lactation without difficulty for the first time. We could give an account of seven similar and successive cases all recovering promptly under like treatment. They all suffered with colicky pains, bad mucous discharges, and in several of them a little blood

was occasionally present in the stools. Nearly all complained of a sense of heat in the regions of the colon.

We have often noticed that, when the bowels are more painful, and when there is diarrhœa, the ulceration of the mouth is less troublesome, and sometimes suspended for a short time. We would not venture a speculation as to the remote causes of the aphthous diathesis, but the first appreciable warning of its approach is often announced during pregnancy by dyspeptic symptoms, acidity, heat, &c., at first, and finally colicky pains and shreddy mucous discharges from the bowels. Irritated by the acrid excretions, we believe that the intestinal follicles first fall into the aphthous conditon; and, by impairing the digestive function, prolong the period of buccal ulceration, if it is not directly productive of it. It is needless to add that many cases will prove fatal under the best directed medication; but when speaking of our own limited experience, we can say that, when our treatment has been directed to the intestinal lesions, the cures have been surprisingly prompt.

ART. VII.—*Stomatitis Ulcerosa of Children.*

Dr. F. W. Mackenzie, in an interesting article on this disease (*Lond. Journ. of Med.* Oct. 1852) says:—

"These diseases are almost peculiar to the period of infancy and childhood; and, as far as I have observed, occur principally in children who have been badly fed, are exposed to atmospheric vicissitudes, reside in unhealthy localities, or have been born of strumous or syphilitic parents. That it is essentially a constitutional affection, and not merely occasioned by bad air, endemic influences, or unwholesome food, is, I think, certain; for I have known it to occur in robust-looking children, who had been living in healty, open situations, and well supplied with good nourishment, and all the necessaries of life. In these cases, however, the disease was almost invariably found to have arisen from some local irritation, such as that of a carious tooth; and, when protracted, to be connected with some latent scrofulous taint; whereas, in other cases, it will arise in the absence of any local cause, and, apparently, from nothing else than a very deteriorated conditon of the health.

"In the general management of these cases, we are directed to employ, locally, strong solutions of the nitrate of silver, or of the sulphate of copper or zinc, with or without astringent, stimulating, or detergent gargles, and to administer, at the same time, quinine, tonics, and a liberal diet. I formerly followed these instructions closely, but sometimes with equivocal success; and I am now, after repeated trials, disposed to give the preference to the following method of treatment. It consists in removing, in the first place, any apparent cause of irritation, such as a decayed tooth, should it exist; and in applying, daily, the dilute nitric acid of the pharmacopœia, to the whole of the ulcerated surfaces, by means of a sponge, or camel's-hair pencil; whilst, at the same time, the sesquicarbonate of ammonia is

given in full doses, combined with the citrate of iron. When the tongue is coated, and the alvine discharges are unhealthy, it is necessary to premise an emetic of ipecacuanha and squills, as well as a purgative of calomel and rhubarb. It is also necessary that the patient should be well supported by a nutritious diet, and an adequate allowance of malt liquor, or wine.

"I will briefly add, that the employment of ammonia in these cases was first suggested to me from observing its beneficial effects in the ulcerative affections of the mouth and throat, which occur in children in connection with scarlet fever. And, alone, it will accomplish a cure, as some of the following cases show, although less speedily than when combined with the citrate of iron and the local application of dilute nitric acid. The latter remedy appears to have a remarkable influence in improving the character of the ulceration and arresting its progress. The sloughy, dirty, yellowish appearance, which it generally presents, is soon changed for a florid, healthy, granulating surface; and this result would appear to depend upon the moderately-stimulating properties of the remedy, which are not disproportionate to the exhausted vital powers of the part."

ART. VIII.—*Creasote in Scarlet Fever.* By Tracy E. Walter, M. D.

In April, 1851, my three little boys were attacked with Scarlet Fever. The two youngest, though the fever was very high for a few days, recovered, without any of the sequelæ of the disease, in the course of three or four weeks. The eldest, a stout, hearty child, under four years of age, was the worst case I ever saw live through an attack in its malignant form. Though it was not followed by any of the common effects of the disease, except swelling and final suppuration of the glands of the neck, it was two months from the time he was taken, before he was able to stand on his feet. I pursued the ordinary antiphlogistic and cooling treatment, until the commencement of the suppurative stage. I was then at a loss what to do, so deeply and extensively were the mucous surfaces affected. Indeed, it seemed to me the case must, in spite of all known remedies, terminate fatally. Matter (pus) was discharged profusely from the nostrils and ears, and his eyes were almost closed for several days, from the same cause. The pulse became more rapid, and other symptoms supervened, indicating extensive suppuration and the absorption of pus, and delirium was almost constant during the latter part of the day and night. I felt convinced that if something was not done very soon to arrest the suppuration, the child must certainly die.

In the absence of council, and in that state of mind natural to a parent under such circumstances, I felt bewildered and almost overwhelmed in contemplating the case of my little sufferer. But presently, under a sense of the pressing emergency, and the responsibility weighing so heavy upon me, I rallied, and resolved to make an effort

to save my child. For an hour or more I examined authors, cases, remedies, and reflected, but without finding anything satisfactory.

The use of pyroligeous acid then came to my mind as something available; and then Creasote as still better, which I immediately resolved upon trying. I mixed three drops with an ounce of water, put it into a common sized tumbler nearly full of water, and directed half of it to be given during the night, as a drink. The balance was given during the following day, and continued at the same rate for three or four days. A decided improvement was perceptible before the first three drops were all taken, and by the second night he rested better; the pulse became slower and fuller, and the discharge diminished very much. I also washed out the mouth and throat as much as I could, and the nose and ears, with a solution of Creasote, six drops to an ounce of water. I believe it was on the fifth day that I discontinued the internal use of Creasote, the discharge having nearly ceased; but applied it externally, three or four times a day, to the mouth and nostrils, until they were healed. He recovered, though very slowly; and I believe it was the Creasote that saved him.

I had no other cases until the spring, when I had an apportunity of trying it again in *seven* more *very* severe cases. In one of them, gangrene of the throat (or glands,) took place, so that in approaching the patient, the smell was very offensive. In two day's use of Creasote, the change for the better was truly astonishing. It seemed as if the child had been suddenly raised from a state bordering on decay and inevitable destruction, to convalescence! I never saw a remedy act so like a charm before. All of the seven cases were as bad as any I ever saw, (and I have seen hundreds,) and I pursued nearly the same treatment with each one, with the same result—recovery. I used water and lard externally, (sometimes a warm bath,) and to show the high degree of the fever, I will state that, after "peeling" all over, as they all did, the cuticle on the bottoms of the feet, in one case—a boy over nine years of age—came off whole, like the sole of a shoe.

In one case, I gave about half a drachm of carb. lig. three or four times a day, in connection with the Creasote water, and in four of the last cases, before suppuration took place, I applied a solution of nitrate of silver (gr. x to the ounce,) to the throat and glands, which I think had the effect to diminish the local inflammation a good deal. But to cleanse the mucous surfaces, and check suppuration, thereby destroying its poisonous effects by absorption, *creasote*, in my humble opinion, is *the* remedy. I do not know whether any other physician has ever used it in this manner or not; but if this brief and imperfect sketch will be the means of giving it a more extensive trial, perhaps the profession and the public may be benefitted by its publication. I regret that I did not take notes, so that I could have given an exact and complete report of each cash. Still, I trust the main feature in my treatment is rendered intelligible. I have thus treated eight very bad cases successfully; five boys and three girls, ranging in age from four and a half to nine and a half years. I will therefore sum up as a general treatment of scarlatina maligna, as follows:

Open the bowels every other day with Castor oil or some mild aperient—apply cold or cool water and lard alternately to the whole body frequently—warm mustard bath, if necessary, and tepid water with vinegar—solution of nitrate of silver, in the first stage, to the throat, once a day—and in the suppurative stage, three drops of Creasote in twenty-four hours, until the discharge abates—wash and gargle the throat, &c., with Creasote water, six drops to the ounce, three or four times a day; and for the hoarseness and dry state of the larynx, before or during convalescence, give from five to ten drops of balsam copaiba on a little sugar, three times a day. After the patient gets up, great care is necessary to prevent taking cold, and the diet should be light for at least two weeks in most cases. The Pulv. Jalap Comp. will generally keep down or remove dropsical effusion or anasarca, if that stage supervene.—*Phil. Med. and Surg. Journal.*

ART. IX.—*A valuable substitute for Ergot.* By B. H. Washington, *of Woodburn, Ky.*

I lately attended a midwifery case and deem it advisable to report the treatment for further investigation. The pains commenced at 4 A. M. and continued at intervals of 15 to 20 minutes until 6 P. M.; were slight and produced but little effect; upon examination found os uteri dilated, head presenting, but high up; scarcely any effect perceptible during the pain. Not willing to leave to management of the case any longer to nature, I concluded to dry-cup her; applied a cup as low down on the sacrum as possible so as to cover the origin of the nerves to the os uteri and produce relaxation; previous experiments had shown me the uterus would not contract unless applied higher up; my design was to produce relaxation of the os uteri and then dry-cup higher up, so as to cause the uterus to contract. The result was most satisfactory to all interested; for complete relaxation ensued, at the next pain the head descended to the outlet, and at the second pain she was safely delivered and that too in less than ten minutes from the application of the cup. No hemorrhage resulted; the placenta came away with scarcely any inconvenience in about three quarters of an hour, and every thing went on well.

This is the second case in which the above plan has been tried; in the first, the patient was safely delivered in about 15 minutes, and with three pains. She had been suffering upwards of 12 hours without effect; was induced to try the plan from two facts, first, the partial paralysis of the arms while the cup was over the origin of the bronchial nerves, and the successful application of dry-cupping in a case of dislocated shoulder-joint, as mentioned in my first article on dry-cupping; secondly, the cups had been applied on a patient after delivery, to relieve the disagreeable feelings resulting therefrom, and the patient told me she could feel the uterus contracting very slowly.—Putting these facts together, it occurred to me that as contraction was the legitimate function of the uterus, while expansion was the legiti-

mate function of the os uteri, by the application of the cups over the origin of the nerves to the defective parts, the appropriate results would follow; the plan has been followed with the most complete success, as manifested by the cases above mentioned. I apply first a cup as low down on the sacrum as possible, and if in the course of ten or fifteen minutes the patient was not delivered I would recommend the application of another cup higher up, so as to cause the uterus to contract; *the lower one should always be on when the upper one is applied, so as to insure relaxation* of the os uteri when the pains come on.

In cases of retained placenta, I would recommend a contrary course; apply the cups higher up so as to cause the uterus to contract at once; the placenta can always follow the child.

The great advantage of this method of causing the os uteri to relax and the uterus to contract, over the plan of giving ergot, needs no other recommendation I presume than a simple statement of facts. When ergot is administered the woman is delivered by main force and in opposition to the usual proceeding of nature, without any relaxation except that produced by the most fearful and agonizing pains;—by dry cupping, such a complete relaxation is produced, that two or three pains are sufficient and the amount of suffering is not more than ordinary. Indeed, the amount of suffering is so much lessened, one would feel tempted to try it in ordinary cases where every thing was going on well, merely to shorten the period of suffering. Another advantage is, that as soon as the delivery is over, the pains are over too, the placenta comes away with scarcely any inconvenience.—Whether it would be justifiable to apply it in an early stage of labor merely to lessen the duration of suffering, I leave to be decided by future experience. I certainly should not recommend it at that stage without further trial. In my first article on dry cupping, I omitted two important items; first, that it breaks up the chain of nervous sympathy during pregnancy, and regularly applied, *keeps it broken*; the patient suffers very little, and that little more from imprudence than from nervous sympathy. Let the patient be dry cupped every third or fourth night (her husband can easily do it with a tumbler) and sponge herself two or three times a week with water, cold or warm, according to fancy, and my word for it she will suffer as little as the heartiest Indian female, unless broken down by some organic disease. The other item is, that if there is a scant secretion of milk, or none at all, apply three or four cups to the spine, especially over the origin of the mammary nerves, and there will soon be a plentiful supply. These items are not theoretical assumptions, but the result of actual practice, and I sometimes censure myself for not making them public sooner, as an immense amount of sympathetic suffering can be easily prevented. As mentioned in my first article, when it is desirable to produce an effect on a given part, the cups should be more strongly applied over the origin of the nerves distributed to that part; and they should be larger than those in common use; a common tumbler with a thick rim will answer very well, except in female cases; in those I use the pump to produce a vacuum, as they can be applied under the covering without offending the most fastidious.

ART. X.—*On the Action of Trisnitrate of Bismuth.*

Dr. Lussana has been recently experimenting with this substance. In opposition to the views of Monneret, who published a memoir on it a few years ago, in which he maintains that it merely exerts a local and no general influence, and that it acts as a sedative on the intestinal mucous membrane, Lussana asserts that it certainly has a general action, and that it is absorbed into the system.

The following are the results of his experience of large doses in diarrhœa tuberculosa, in the diarrhœa accompanying chronic enteritis, in inveterate gastralgia, and in mesenteritis. It excites no irritation of the intestinal mucous membrane; it cannot check tuberculous and mesenteric diarrhœa. The feces were of a brownish-black color, from the formation of sulphuret of bismuth in the intestine. A portion of the dose, varying with the amount of acid in the stomach and intestines, was dissolved and absorbed; but any of the dissolved portion, on meeting with an excess of alkaline chlorides in the intestine, was again precipitated. For this reason, it never appears in the urine, being precipitated by the alkaline chlorides in the blood serum. Its passage into the blood gives rise to colliquative and scorbutic phenomena.

To avoid this noxious general action, and at the same time to avail ourselves of the mechanical and local healing power of this medicine, we should previously give some antacid, as, for instance, magnesia usta, which would chemically prevent its solution and assimilation.—*Ibid.* From *Gazz. Med. Ital. Lombardia*, 4, 1852.

ART. XI.—*On the Action of Iodine.*

M. Bonnet has recently published two interesting papers on the action of iodine. In the first of these, he shows that iodine, when applied locally to ulcers or blistered surfaces, or injected into the cavities of abscesses and serous membranes, becomes largely absorbed and excreted, being speedily detected in the urine and saliva. It may in this way be excreted by the urine to the extent of fifteen grains per diem, without in any way acting injuriously on the general health; and to be therapeutically useful, such elimination must be continued for six or eight weeks, as shown by the dark-blue color produced in the urine by starch and chlorine without preliminary evaporation. In this way, scrofulous ophthalmia may be effectually cured by dressing a blistered surface, remote from the eyes, without the employment of any internal or local medication. The best of all the preparations for this mode of employment, is an ointment composed of iodine one part, iodide of potassium two parts, and lard thirty parts.

In his other paper, M. Bonnet enters upon the consideration of the mode of action of iodine. He considers that it only operates beneficially in proportion to the amount of eliminatory action it gives rise to, in which respect it surpasses most other substances; or at all events, our chemical reagents enable us better to trace its operation. In the

diseases in which the iodine proves useful, there is also morbid material to eliminate, and by catalytic action the economy is enabled to effect this by the eliminatory effort excited by the iodine. The greater activity of elimination is followed by a greater activity in the renovation of organic material. In consonance with this view, M. Bonnet observes—1. If we are desirous of acting energetically on the economy by means of iodine, we must maintain this active twofold power of absorption and elimination. The patients in whom he has found its use to be especially attended by increase of appetite and strength, are those suffering from large ulcers, in whom the tests exhibited the free excretion of the iodine by the urine ; while after each dressing of the ulcer with it, a temporary feeling of febrile heat of the skin was induced.—2. The employment of the medicine should be associated with good hygienic measures, which render the organic renovation more active, and with such remedies as favour elimination. Thus, exercise, free exposure to the air, purgatives, and diaphoretics, second the effects of the iodine, as it in turn augments the influence of these agents.—3. Iodine is no specific, and might be replaced by any substance which can easily penetrate into the economy, and of which the latter can easily rid itself again. Among such are sulphureous and terebinthine preparations, whose excretion is demonstrable, and probably the salts of mineral waters, which, however, our means are unable to detect in the excretions. However this may be, the most varied substances produce effects in common with iodine ; and it is this common character of their mode of action which explains how they may be substituted for each other, when the power of exciting eliminatory action becomes enfeebled in either of them.—4. Notwithstanding this view of the eliminatory action of iodine, M. Bonnet believes the action of the iodides on the blood and fibrine, as shown by the experiments of Dumas and himself, must not be overlooked. When an alkaline iodide penetrates into the blood, it exerts a solvent action. If the fibrinous elements are in their normal fluid state, it may only render them less disposed to coagulate ; while if they are coagulated it dissolves them. Such coagulation exists within vessels that are the subject of inflammation, and beyond the vessels when effusion of lymph has taken place into the tissues.—*Brit. and For. Med. Chirurg. Rev.* Oct. 1852, from *Gaz. Medicale,* Nos. 20, 21, 22.

Therapeutic Action of Furfurine.

Professor Simpson has experimented with furfurine—an alkaloid which produces, in experiments with poisonous doses upon the lower animals, many of the symptoms of quinine ; and the salts of which he has found to act as a tonic, if not as an antiperiodic, when exhibited to the human subject.—*Monthly Journ. Med. Sci.* August, 1852.

EDITORIAL AND MISCELLANY.

PROFESSOR ARMOR.

This gentleman, so long connected with the enterprise of building up a Medical Institution in Iowa, has resigned his Professorship in the Iowa University and is now permanently located in the practice of his profession in the beautiful and rapidly growing city of Cleveland, Ohio.

Professor Armor emigrated to the West as early as the autumn of 1843, and after spending some time with his friends in Iowa and St. Louis, located in the flourishing town of Rockford, in northern Illinois, where he formed a business association with Dr. Lucius Clark, an eminent physician of that place. Dr. Armor rapidly acquired distinction in this new field of labor, both as a practitioner and writer, and in the transactions of the Rock River Medical Society, his name will be frequently found as the author of able and valuable contributions.

In 1848, Dr. A., with several other Medical gentlemen, organized the Rock Island Medical School, which, after the first session, was removed to Davenport, Iowa, and ultimately became the Medical Department of the Iowa State University. In this Institution he labored from year to year, making those sacrifices which are inseparable from the early history of such institutions, until within the past winter, when a combination of circumstances which he could not control, compelled him to retire to the field of private effort.

To those who are acquainted with Dr. Armor's fine abilities as a public teacher, no praise of ours will add to his fame. It is with no disposition to disparage others, that we declare our conviction that in the peculiar powers of a didactic teacher, he is not surpassed in the United States. It is not always the extent of a man's learning, or the multiplicity of his accomplishments, that qualify him for the responsibility of a public teacher. A peculiar tact in communicating thought to those who are entering upon the career of professional study, a familiar acquaintance with the wants, and a kind interest in their progress and welfare, are essential elements of success with a Medical teacher, and upon a pre-eminent illustration of these qualities throughout his entire professional career, we predicate our estimate of the man.

It seems to us quite impossible that Doctor Armor should remain long in private life. With talents which will so greatly enhance the reputation of any Institution in whose interest they may be employed, we predict for him at no distant day, an increase of fame in some new and more extended field.

Publications Received.

Materia Medica or Pharmacology and Therapeutics. By WILLIAM TULLY, M. D.

This work, the result of many years labor by one of the distinguished Physicians of our country, is about to be published in periodical form by Messrs. Church & Segur, of Springfield, Mass.

The publication of a new and voluminous work on Materia Medica and Therapeutics, to be brought into competition with the numerous and able standard works now in the book market, indicates a strong confidence in the ability of the author, to make it acceptable and profitable to the profession. The idea of embodying the manuscripts of Dr. TULLY, which had formed the basis of his public labors for many years, originated with those who had attended the author's instructions and who from having sustained this relation to him, were well qualfied to appreciate their practical value. To those who have had no means of becoming acquainted with Dr. Tully's reputation as a medical teacher and writer, it may be proper to say, that by men of talents in the medical profession who have been accustomed to his lectures, correspondence and conversation, it is confidently predicted, that a comprehensive work upon Materia Medica from Prof. T. will be the most original, philosophical and practically useful book for the physician, which has appeared since the writings of Sydenham. It is claimed that the plan of the proposed work is entirely original, and from an examination of the first number we can discover points of difference in the classification, from any work upon the same subject which has preceded it. The simple fact of originality and novelty in the composition of a treatise upon any department of medical science, is many respects a questionable recommendation. Original views upon medical subjects, especially those of a practical character, are valuable only as they rest upon the broad basis of experiment and extended observation, and this is the only acknowledged means of enlarging the area of medical science and adding to the resources of the physician in his struggles with disease. The assiduity of a student,

before he has entered upon the field of practical or clinical effort, might serve to develope in the dissecting room or laboratory, important facts in Anatomy or Chemistry, because the means of investigation are within his reach, and the facts which he enunciates may be readily tested by a repetition of the processes which brought them to light. But in the field of practice, where, in addition to an accurate acquaintance with elementary principles, quickness of perception and cultivated powers of observation, exercised through long periods of time, are required to establish useful facts, the opinions and views of the inexperienced, however eloquently or ingeniously expressed, must be received with caution. For more than a quarter of a century, Professor Tully has occupied an extensive field of observation, and to his industry and success in improving it, those who know him best testify most highly. Upon this ground, and upon the favorable opinion a perusal of the first number inspires, we can cordially recommend this work to the patronage of the profession.

The work will be published in monthly numbers of 64 pages each, at twenty-five cents a number or one dollar for four numbers. No subscription received for less than four numbers. Address, J. Church, Springfield, Mass.

Professional Reminiscenses of Foreign Travel. By W. Channing, M. D.

This pamplet of 32 pages is republished from the Boston Medical and Surgical Journal, to which it was furnished by the author during his absence in Europe.

The very brief period occupied by Dr. C. in making a rather extensive journey in Europe, would, at first view, seem to preclude the possibility of a satisfactory notice or description of the state of the profession, yet there are many details in these pages, which will be read with interest by the physician. The author left Boston for England in May, and after a short rest from a severe voyage, left London for the Continent the first of June—crossed the Channel at Dover for Calais, and proceeding through France, Belgium, Prussia, Mecklenberg, Hanover, Hamburg, to Stettin on the Oder, and thence by the Baltic to Cronstadt, and by the Neva to St. Petersburg. Moscow terminated his progress North. His return was through Denmark, the Duchies, Prussia, Saxony, Austria, Bavaria, Baden, &c., entering France by Strasburg, and by way of Nancy, Epernay, Chalons and Vitey reached Paris. This entensive route was traversed in three months, consequently many objects of medical interest which it pre-

sents, were necessarily excluded from notice, yet the main object of the author's visit, viz: "To see distinguished physicians, and especially, as far as possible to see their practine in the department to which he has been for nearly half a century devoted," (obstetrics) was accomplished, and the interest of the pamphlet principally consists in faithful delineations of various improvements in obstetrical medicine and surgery recently introduced into European practice. Dr. C. give quite an encouraging description of the great Hospitals of St. Petersburg, where the friendship and courtesy of Sir James Wiley, the most distinguished Surgeon of Russia, secured him the best opportunities for medical observation. From his account of the humane and benevolent regulations of the Hospitals of the Russian Capitol, and of the superintending care Nicholas gives to these institutions, it appears that the stern genius of the mighty Czar is not wholly occupied in schemes of conquest and oppression. The Emperor makes frequent personal visits to all of the Hospitals, and the neatness, the perfect ventilation and strict order which pervade, result from the discipline he enforces.

Several interesting notices of distinguished men, with whom Dr. Channing had pleasant communion, with some statistics of obstetric practice, impel us to thank the venerable author for his kind remembrance.

Prize Essag on variations of Pitch in Percussion and Respiratory Sounds, and their application to Physical Diagnosis. By AUSTIN FLINT, of Buffalo, N. Y.

It is no ordinary compliment to the genius and ability of the learned author of this interesting essay, that it was selected from amongst several papers furnished by the best medical minds in the country, as the special object of sanction by an assembly of American physicians. This judgment which the erudite Committee of the American Medical Association passed upon this effort of Dr. Flint, was based upon a mature investigation of its character, and an honest conviction that by it the great discovery of the immortal Laennec, which did more to improve our pathology and treatment of pulmonary diseases than any thing which had preceded it, received an immense impetus toward perfection. In this original contribution to the literature of diagnosis, Dr. Flint gives an elaborate account of the variations of pitch of respiratory sounds in health and disease, and, what is of greater value to the student of this department of science, connects these variations of

pitch by numerous clinical observations, with the diagnosis of individual thoracic diseases.

It would require many pages of our Journal to convey an adequate idea of the excellence and value of this Essay. We cannot, therefore, attempt it, but we would urge all who feel desirous of extending their knowledge of the principles and practice of Physical Diagnosis, to procure a copy of the transactions of the American Medical Association, from which this pamphlet was reprinted, or subscribe for the Buffalo Medical Journal, in a recent number of which it may also be found.

A Treatise on the Causes, Constitutional Effects and Treatment of Uterine Displacements. By Wm. Edward Coale, M. D.

This is a well written monograph of 52 pages, but we cannot find that the author has advanced any new plan of treatment, except in the way of mechanical support to the displaced organ. His remarks upon the numerous contrivances of this kind which have been employed in the treatment of Uterine displacements, are judicious, and the modification he proposes seems to us well calculated to effect the object for which it is designed.

The Incentives, Means and Rewards of Study; an Introductory Address, delivered at the opening of the 33d Annual Course of Lectures in the Medical College of Ohio. By L. M. Lawson, M. D.

The high position of Professor Lawson as a medical teacher and writer, are too well known to require any eulogium at our hands.—For many years he has been the able expounder of the orthodox principles of our science, and has presented in his own life and conduct an example of those noble qualifications of the head and heart, which reflect lustre upon the profession. The address before us is written in the style of one who has felt the incentives, employed the means and realized the rewards of study, and abounds in that kind and familiar illustration and advice, which is so greatly calculated to sooth the bitterness of the root of learning and add to the deliciousness of its fruits.

The Esculapian, a Monthly Medical Paper for the People. Edited by C. D. Griswold, M. D.

This periodical, which we are glad to see in the able and experien-

ced hands of Dr. Griswold, meets a desideratum which has long existed in the regular profession of medicine. Whilst every system of empiricism has diligently circulated its doctrines through the country, through special organs or through the columns of the newspaper press, legitimate medicine has had no advocates except those who have wrapped themselves in the impenetrable garb of scientific technicality. It is only necessary that an intelligent community should become acquainted with the simple principles and laws of health, as embraced by the regular profession, to appreciate their superiority over the exclusive and erroneous system of quackery, of any name or condition. The discussion of medical subjects in language adapted to popular comprehension, and the circulation among the people, of such works will do more to arrest the progress of empiricism than any of the various hostile demonstrations which physicians often feel themselves called upon to make. We advise all of our readers to subscribe for the Esculapian, as an interesting work for their own perusal but more especially, as a useful one to be handed to those in their vicinity who are disposed to favor quackish practice.

The Basis Element.—An Introductory Address before the Medical Class of the College of Physicians and Surgeons of the Iowa University, at the opening of the Session of 1852–3, by J. C. Hughes, M. D. Professor of Anatomy.

We have been prevented from noticing at an earlier day, the elaborate and somewhat novel Address of Prof. Hughes. He has struck out a new path in the delivery of an "Introductory," and has successfully avoided the usual beaten routine. He reviews rapidly and vividly the theories of all the earlier nations, regarding the formation of the Earth and the origin of the human race and notices among them all, the utter absence of the fundamental element of truth. The want of social harmony and civil order and stability is then clearly traced to the same cause—as also the blind wanderings of a perverted religious principle.

"By turning back, therefore, to the pages of history, we find that the success and efficiency of any system of *phylosophy*, of *morals*, of *government* or of christianity, depends upon the truth and correctness of a basis principle, which must be characterized by consistency and capable, as before said, of being demonstrated to mathematical precision, sustained by inspiration or revelation."

The same process of reasoning is subsequently applied to the earlier theories and processes of medicines. The whole review af the medical

history of the Babylonians, Hebrews, Greeks. Romans and Alexandrians is brought to bear upon the elucidation of the princeple, "that without some unalterable rudimental principle, whether in religion, morals, government or science, success has been and will ever be wanting in proportion to the want of this *basis element.* What is all philosophy, if it wants the element of truth? What is Christianity without faith and belief? What is good government without an acknowledgment of equality among men? And what is *science* without demonstration?"

The lecture abounds in pertinent and forcible researches and illustrations. The whole field of past history is studied with reference to the elucidation of the fundamental principle upon which the author bases his Address. It has the merit of a scholarly and comprehensive generalization, a task not always easy to accomplish. The address evinces an unusually extensive survey of the past and abounds in paragraphs of vivid description and earnest forcible appeal.

The closing paragraphs stimulate to the proper and faithful discharge of duty.

Ranking's Half-Yearly Abstract of the Medical Scieuces, No. 16, *pp.* 312.

A complete volume of itself—summing up twice a year, all the latest improvements in the various departments of medical literature. It brings you all the better and more practical articles of the chief European Medical Journals, and is a most indispensable means of keeping one alive with the progress of Medical Science.

Dublin Medical Press.—We are exceedingly happy to welcome this old and respectable Medical Journal to our list of exchanges. Its articles exhibit the usual finished style and learning of European publications. Some estimate of its character may be formed upon the following list of communications, original and selected, which appear in this number: Proceedings of the Surgical Society of Ireland; Iodine Injections of the Joints, by Velpean; Chemical Disinfectants, by George Wilson; Influence of position in the treatment of Epilepsy, by Marshall Hall. Medical Reform; Medical life in London; Consultation with Quacks, &c., &c.

New York Medical Gazette. New Series.—The first No. of the enlarged Gazette has come to hand. It presents a very respectable appearance, and in the able hands of Dr. Reese, must take a leading position among American Medical Journals.

CHLOROFORM.

PURE.

Much of the Chloroform of commerce being very impure, and its use having in some cases been attended with unpleasant consequences, we have been repeatedly urged to make some, at our Laboratory, of a quality superior to that generally for sale in this market. We would therefore inform the Medical Profession, that we have prepared an article, the purity of which can be implicitly relied on.

Nitrate of Silver

Can also be obtained from us perfectly PUREr thetiskcrn,oesii crystals, manufactured at our Laboratory.

Morphine.

Our Morphine having acquired a reputation superior to any other, those who have occasion to use the article, will be satisfied of its excellence by giving it a trial.

WE ALSO PREPARE

THE SYRUP OF IODINE OF IRON,

Now so highly esteemed as a remedy in Scrofulous complaints. These articles (which it is of the greatest consequence to physicians to have of reliable quality) are, with our other preparations, offered to the notice of those desiring

PURE DRUGS AND CHEMICALS, AND SUPERIOR EXTRACTS,

By PHILIP SCHEFFELIN, HAINES & Co., DRUGGISTS AND MANUFACTURING CHEMISTS,

107 *MAIN STREET, NEW YORK,*

November, 1851.

George Tiemann,

MANUFACTURER OF SURGICAL AND DENTAL INSTRUMENTS,

OF EVERY DESCRIPTION.

IMPORTER AND DEALER IN

FRENCH AND ENGLISH BOUGIES, CATHETERS, STOMACH TUBES, &c. &c.,

64 CHATHAM STREET, NEW YORK.

November, 1851.

TO THE

MEDICAL PROFESSION AND DEALERS IN MEDICINE.

YOUR earnest attention is requested to a branch of business intimately connected with success in the treatment of disease. It is well known among *dealers*, and yet not generally known by the profession and the public, that pure and genuine medicines, particulary pure *powdered* drugs, from the first quality f gums and roots, are scarcely procurable in this country, and, therefore, physicians often prescribe medicines to meet certain indications in the disease of the patient, without obtaining the desired and expected beneficial result. To enumerate the articles of adulterated medicines that are daily sold in market, would be to name almost the entire list of the materia medica. From the finer and more important chemicals and pharmaceutical preparations, such as Morphine, Quinine, Hydriodate Potass, Calomel, Blue Pill, &c., &c., down to the most common, and those of daily use, such as Cream Tartar, Rhubarb, Super Carb., Soda, &c., the adulterations are so adroitly made, that even the closest inspection, without analyzation, will not detect them. Quinine is often found largely adulterated (in some instances more than half) with Mannite and other substances. Blue mass and Calomel have been found much more than half adulteration. A gentleman, at one time connected with an extensive manufacturing establishment, informed us that, just before he left England, the factory turned out more than four thousand pounds of Blue Pill, containing Barytes, instead of Mercury; and it was all destined for the American market.

It seems to be somewhat difficult to determine where the blame rests for this state of things. An importing house, well known in this city, was accused, not long since, of selling impure drugs, and replying to the charge, through the New-York Express newspaper, they say:

> The pretence that druggists who buy medicines of wholesale and commission merchants, to dispense them or sell them at retail, are imposed upon or misled in the purchase of inferior articles, is too unfounded to deserve any other answer than can be gathered from the very article in question. The *price* is an infallible test of the purity of all Medicines. Our customers require, and we consequently import and sell to them, Blue mass at $1 20 per pound, and a common article at 75 or 80 cents.
>
> We always keep and furnish the best drugs to those that will buy them. For those that require an inferior article, we keep an inferior article, which we sell for, and they buy as inferior, and at a less price.

From this it would seem that the chief difficulty was the unwillingness of buyers to pay the *price* of good drugs. Buyers, in their turn, allege that the consumer, the physician, and the apothecary will not pay for pure drugs, and will buy where *cheapness*, not quality, is the standard.

While we are not able to say where the blame lies, one thing we have determined on, and that is, that it shall not be upon us.

The importance of pure chemicals is felt by every practitioner, and yet they are scarcely to be obtained in any part of the country, as they are excluded by the low price of the ordinary article. Indeed, several chemicals, of great value in the treatment of disease, have almost fallen into disuse, from the simple fact of their known impurity as furnished to the profession.

Knowing this matter to be worthy the first and earnest consideration of the practitioner, we would respectfully ask attention to the accompanying

CIRCULAR.

The recent law of Congress, in relation to adulterated Drugs, gives us the opportunity of bringing more generally to the favorable notice of Physicians and Apothecaries, our preparation of superior medicines, known as

"PHILIP SCHIEFFELIN & CO.'S EXTRA MEDICINES."

Our establishment having been in operation in this city for MORE THAN HALF A CENTURY, gives us the benefit of long experience in determining the qualities of articles, and understanding the wants of those who wish to dispense medicines of uniform strength. We wish to call particular attention to our Extra Powders, which are pulverized from selected roots and gums of the very best quality, and, when necessary, every piece is broken and examined under our own immediate supervision, and consequently possess a purity hitherto unknown in this country, and a uniformity of action upon which the physician may rely with perfect confidence.

Powdered Jalap, (which is so frequently found adulterated or utterly worthless,) when prepared by us is from the roots of the true Mexican Jalap and not from the spurious and inert roots and tops of the plant, which has been so commonly sold of late in our principal sea-ports. Our powdered Ipecac, extra, also, will be found much superior to the usual article of commerce, being made from the true Brazilian Ipecacuanha, and consisting solely of the active outer coating of the root, carefully separated from the ligneous parts, and from all other inert matters. In pulverizing Colocynth, extra, we retain only the active pulp of the apple, rejecting the seeds, which latter constitute the principal part of the weight of the fruit, and are nearly inert. Powdered Rhubarb, extra, we prepare from the best East India Rhubarb, which is culled over with great care, every root being broken to detect any unsoundness. The powdered Resin Guaiac, extra, is the pure Resin collected in tears, entirely free from the dross and dirt usual to the ordinary Guaiac of commerce.

The Scammony, also, is powdered from an article differing in appearance, and very much superior to what is usually sold for Aleppo Scammony. Blue Pill, bearing our label, will always contain one-third part of Mercury, and our Hydro-sublimed Calomel will be found to be of superior and regular quality.

Care is taken to have these "Extra Medicines" not only *pure*, but of the *best* quality procurable. When required, any of these articles can be obtained of us in their original state, as some may desire a superior article to use unpowdered. *The life* of the patient, as well as the *success* and *reputation* of the *physician* and *apothecary*, depends so much upon the prompt action of the medicines used in sickness, that we feel every confidence that any effort to furnish them with pure and superior drugs will be fully appreciated. To preserve the preparations from being injured by the air and moisture, they are generally put up in bottles and jars, containing one pound each, and also in five and ten pound canisters. They should be kept as much as possible from the light.

It will be observed that the prices of these superior articles are necessarily higher than those of the ordinary kind, and physicians and merchants at a

distance, when they wish this quality sent them, are particularly requested to write for the "EXTRA MEDICINES" of

Philip Schieffelin, Haines & Co.,
DRUGGISTS AND CHEMISTS, NEW-YORK.

In order further to insure the purity of our Powders, we have everything pulverized under our own inspection, and on our own premises.

EXTRA POWDERS.

Aromatic Powder, U. S. P.
Pulv. African Pepper,
" Alum,
" Allspice,
" Aloes, Cape,
" " Socot,
" Assafœtida,
" Antimony, Ref.Blk.Sulph.
" Angostura Bark,
" Aniseeds,
" Bayberry Bark,
" Belladonna,
" Blood Root,
" Bitter Root,
" Black Root,
" Borax,
" Buchu,
" Caraway Seeds,
" Cantharides,
" Canella Alba,
" Cardamon, (Seeds only,)
" Cicuta,
" Cranesbill,
" Cloves,
" Cinnamon, ordinary.
" " Ceylon,
" Cohosh, Black,
" Columbo,
" Colchicum Root,
" " Seed,
" Colocynth Pulp,
" Cubebs,
" Digitalis,
Pulv. Elecampane,
" Ergot,
" " 1 oz. vials,
" Ext. Colocynth, C'd.,
" " Licorice, Calab,
" Fœnugrek Seed,
" Gentian Root,
" Ginger, Jamaica,
" Golden Seal,
" Guaiac Resin, from Tears,
" Gum Arabic, Turkey,
" Gamboge,
" Mastich,
" Myrrh,
" Tragacanth,
" Hellebore, White,
" Hyosciamus,
" Ipecac, without the woody [centre,
" Ipecac and Opium, (Dover's Powders,
" Jalap,
" Kino, True,
" Lobelia,
" " Seeds,
" Mandrake,
" Marsh Rosemary,
" Mace,
" Mezereon,
" Nux Vomica,
" Nitrate Potass, Pure,
" Nutmegs,
" Nutgalls,
Pulv. Opium, Turkey,
" Orange Peel,
" Orris Root,
" Pepper, Cayenne, Amer.
" Pepper, Black,
" Peruvian Bark, Loxa,
" " " Red,
" " " Calisaya,
" Prickly Ash Bark,
" Pink Root,
" Pleurisy Root,
" Rhubarb, Turkey,
" " E. India,
" Rhatany Root,
" Sarsaparilla, Para,
" Sage,
" Summer Savory,
" Sweet Marjoram,
" Sabina,
" Senna, Alex.
" Seneka Root,
" Scammony, Aleppo, No. 1,
" " Virgin,
" " " 1oz.vials,
" Snakeroot, Virginia,
" Squills,
" Sulphate Copper,
" " Iron,
" " Potass,
" Uva Ursi,
" Valerian, English,
&c., &c.

Bottles and Cans at Cost.
When put up in ¼ and ½ lb. Bottles, at 10 cents per pound advance.

As many of the Gums, &c., are of *unusual purity*, for instance Guaiac, Aloes, Assafœtida, &c., &c., they are very liable to run together and become solid. Even the ordinary common gums of commerce are so apt to run together that Drug-grinders usually grind with them some woody substance, such as Licorice-root, Gentian-root, &c., &c. Some roots that are rich in resin, such as Rhubarb, Jalap, &c., &c., are also apt to agglomerate. The Extra Powders being perfectly pure, and free from all foreign substances, are therefore more liable to become solid than the common qualities, but where they do so, we will replace them with others that are freshly powdered.

Pure Chemicals, Prepared at our Laboratory.

Antimony Tartrate, Crystals,
" " Pulv.
Ammonia, Aqua,
" Liquor Fort,
Ammoniated Alcohol,
" " Aromatic,
Argent Nitras,
" " Crystals,
Lunar Caustic, Nos 1, 2, 3,
Ferri Carb. Precipitated,
" " " Pure,
" Sulphas, Pure,
" " Exsiccat,
Iodide, Arsenic,
Iodide, Lead,
" " Crystals,
" Iron,
" " Pure,
Mercury, Bin Iodide,
" " " Crystals,
" " Protoiodide,
Morphine, Sulphate,
" Acetate,
Granville's Lotion,
Oil Copaiva,
Oil Cubebs,
Collodion, 1 oz. vials,
Precipated Chalk,
Prussic Acid,
Potassa Nitras, Pure,
Spirits Nitri Dulc,
Syrup Iodide Iron,
Sulphuret Potassa,
Vallet's Ferruginous Mass,
Zinci Acetas,
Zinci Sulphas,
Zinci Chloride,
Chloride Soda, de Labarraque,
Confection Roses,
Confection Senna,
Blue Pill, Mass,
Ung Mercurial,

We are also manufacturing Inspissated and Hydro Alcoholic Extracts, to correspond with our other goods, and in purity and efficacy not equalled by any offered in this or any other market.

The Hydro Alcoholic Extracts are prepared by steam process, and in a vacuum, in such a manner that the valuable properties of the plant are preserved uninjured, and at the same time a consistence, color, and taste are obtained, which are not found in the vegetable extracts now in common use, and which are sufficient evidence of their superiority. Among them are

Ext. of Belladonna,	Ext. of Dandelion, Inspissated,	Ext. of Rhubarb,
" " Butternut,	" " Digitalis,	" " Sarsaparilla, Simplex,
" " Buchu,	" " Gentian, Opt.,	" " " Compound,
" " Bloodroot,	" " " Ordinary	" " Para " Alcoholic,
" " Conium,	" " Hyosciamus,	" " Hon., " Alcoholic,
" " " Seeds,	" " Hops,	" " Stramonium,
" " " German,	" " Jalap,	" " " Seeds,
" " Chamomile,	" " Lupuline,	" " English Valerian,
" " Colocynth, Ordinary,	" " Nux Vomica,	" " Dutch, "
" " Colocynth, Opt.	" " Pinkroot,	
" " Dandelion, Alcoholic,	" " Quassia,	

It is a well-established fact, that many plants which in their native conditions are possessed of very active medicinal properties, by *cultivation lose* their peculiar characteristics, and become nearly inert. Some vegetables which belong to poisonous families of plants by cultivation are made innocuous, and are freely eaten as food, as the Potato, Parsnep, Celery, &c., &c.

To ensure to our extracts, such as Hyosciamus, Belladonna, Cicuta, &c., all the active therapeutical effects which they should possess, we take pains to *procure the herbs* from which they are prepared *from places where they are indigenous to the soil:* viz., from Germany, France, England, India, &c., &c.: and they are consequently much superior to extracts made from the cultivated plants of American growth.

These extracts, together with our Pure Chemicals and Extra Powders, so favorably known throughout the Southern and Western States, have received the unqualified approbation of various Medical Associations, and of Physicians and Apothecaries wherever known. Their superior efficacy in all prescriptions will be at once apparent to every one who reflects upon the difficulty oftentimes experienced in the administration of the common drugs of commerce, and the *loss of life* consequent upon the use of *inert remedies.*

☞ The great and increasing demand for Cod Liver Oil, and the difficulty of procuring the oil in its pure state, and such as we can guarantee to our customers, has induced us to send an agent to the fisheries, for the purpose of having the best article that can be offered in market. This article will also bear our label when put up in bottles, and be warranted pure, when ordered in bulk.

The value of this oil, as a remedial agent in scrofulous affections and pulmonary diseases, is no longer a question—the daily experience of medical men, in its administration, only adds to its reputation. In this, as in all articles upon which we place the guarantee of our name, we wish to be understood as offering, to the purchaser and consumer of medicine, the best of its kind that the market can afford.

TO DRUGGISTS.—In addition to the Extra Medicines, we also keep a large and well-assorted stock of the ordinary Drugs and Medicines of commerce, carefully selected, and the best that can be procured. Our Essential Oils and other Liquids we obtain from the most reliable sources, and are submitted to every known test for impurities; and we avoid purchasing any kind of Drugs in the powdered state.

Our arrangements and facilities are such that we can offer inducements to dealers which must influence all who not only like to have a fair equivalent for their money, but at the same time to have goods that *are* what they *purport* to be, and such as will bear the strictest examination and analysis

George F. Nesbitt & Co., Printers, Cor. Wall & Water Sts., N. Y.

THE

WESTERN

MEDICO-CHIRURGICAL JOURNAL.

VOL. II. KEOKUK, IOWA, JULY, 1853. NO. 11.

ART. I.—*Malignant, or Choleraic Dysentery.* By Rufus Howard, *of Wisconsin.*

Morbid fluxes from the intestinal canal, are generally characteristic of the irritation or inflammation that produces them. The intensity of the action may so modify and change them, as that when commingled with feculent eliminations it will be difficult to form a correct opinion of their true character, especially should that irritation or inflammation be located upon the mucous surfaces of the jejunum or illeum. The development of local phenomena, such as pain and tenderness upon pressure, are quite evasive, and the *character* of the constitutional symptoms, exhibit but few if any of those striking features that mark the progress of inflammation in other tissues dissimilar in their anatomical and functional relations. The concomitant results and constitutional sympathies are as varied, as age, temperament and sex present salient points of variance. Sporadic Dysentery when uncomplicated with biliary derangement, generally runs a mild course, but epidemic causes and influences and a constitutional predisposition to determinations of blood to the intestinal canal, frequently render mucous inflammation of the colon one of the most protean diseases to which the mind of the physician can be directed. The epidemic constitution which has pervaded the United States the past year, swaying the tendencies of morbific action, not only in the pent up streets of the crowded city and humid valleys of water courses, but has scourged alike the rural villages of the most salubrious climes, proves abundantly that diseases of the mucous surfaces of the primæ viæ may be modified, determined and excited by wide spread and devasting epi-

demic causes; and under its influence the predisposing cause of ordinary ills appear to be superceded and controlled by one universal stroke of furious and malignant predisposition, sweeping from the catlogue of causes and their sequence, the more ordinary developments of Regional disease, during the insipient and declining stages of epidemic influence, leaving the traces of its depressing power for months and even years to give direction to various pathological changes which develop themselves in the organism, until the physiological powers of the system effaces the morbific tendencies induced by the impetus given to the predisposing cause. Malignancy appears to particularize those diseases which display their special energies either upon the skin or mucous surfaces, the relation of which may be traced in the following diseases, to wit.: Scarlatina, Rubeola, Grippe, Continued Fever, Variola, &c. The law of sympathies, or more rationally, the tendency which exists in tissues of similar functions, Anatomical structure and Physiological relations to take on the same morbid action from the existence of a deranged constitution of the blood, will probably account for some of the peculiarities that develop themselves during a reigning epidemic. The local organs on which the specific epidemic influence is spent, do not rapidly regain their normal state and the consequence is that those organs are more liable to be brought under the influence of other similar or contrary causes of less intensity, and the morbid tendencies of those organs still retaining the contour of actions previously set up, may lead to disastrous results, especially when the contour of the complication remains unnoticed by the practitioner. Thence the necessity of studying the relative force of combining causes, however simple the malady. The preponderance, from its relative force will mark every symptom by its own characteristic, and develop those lesions of function and structure peculiar to its own morbid tendencies. The same remarks hold true in endemic and sporadic diseases. Therefore we find in one epidemic the relative solution of others whose power is displayed upon different organs, but subject to the same general laws in its complications and peculiarities. If then, the contour of an epidemic is established, if its morbific energies are displayed upon certain tissues, if the outlines of its termination are well developed, then may we hope to rob them of some of their victims and trace their primary and remote effects with more certainty. We can then anticipate the destructive influence of epidemic causes, and, as medical philosophers fortify the human organism against their ravages both in their primary and remote effects. The destructive influence of epidemic causes should not only be studied in their primary developments, but in their remote effects.

In delineating choleraic or malignant colitis, the choleraic constitution will by me be considered as a predisposing cause, and the tendency to an extension of its morbific action will predominate in proportion to the impress of an epidemic influence retained by the tissue acted upon, by other causes, that shall institute other actions whether it be inflammation or irritation. It follows then, that sporadic disease operating upon certain tissues or organs may be increased in violence by the action of an epidemic affecting the same organs, either primarily or remotely. The histology of sporadic and endemic disease uncomplicated in their cause, is mildness of *character*, and resolution is easily effected by remedial agents. But when the *primary* impress of an epidemic is made upon, or brought to bear, upon those tissues which support the burden of sporadic and epidemic disease, it stamps mildness with malignancy, and develops tendencies to structural change that did not exist in either forms of the diseases to which I have referred, and under the primary impress of epidemic influence, the healthy action of the tissues is longer held in obeyance, and whether combined, or uncombined, with sporadic and epidemic cause, its depressing powers create a fruitful source of ills, allied in their action to epidemic disease.

The symptoms of Malignant Dysentery are as varied in their charter, as the peculiartties of constitution to which age, sex, temperament, and other modifying influences give rise. They are divided into four stages. First: The Premonitory; second, the Congestive; third, the Febrile; fourth or casual, that of Collapse.

Premonitory Stage.—The precursors of this malady are generally diarrhœa, griping, pains in the region of the colon and rectum, lassitude, impeded respiration, debility, partial loss of appetite, giddiness, nausea and a scanty secretion of urine. In some cases an uneasiness of the bowels and a sense of weight in the rectum continue for several days and form the main precursors. In others, a general laxness of the bowels unaccompanied with many of the above symptoms, indicates an approach of the malady, and in a few cases which fell under my notice, there was a gradual transition from irritability to inflammation without the characteristic symptoms of depression being developed to any great extent.

The Congestive Stage is ushered in as follows, to wit.: After the precursory symptoms have continued from a few hours to several days, sudden vomiting with diarrhœa accompanied with tenesmus, is ushered in. These symptoms are succeeded by great depression, insatiable thirst, with coldness of the extremities and a general shrinking

of the superficial capillaries. To these symptoms are added general disquietude with pains in the head, back and extremities, and particularly pain in the bowels. These symptoms are followed by rigors of varied severity. The countenance is vacant, shrunken and pale; respiration is irregular, the pulse is small, contracted and slow, the alvine discharges are liquid, fetid and profuse, the ejections from the stomach are watery and free from any admixture of bile, at least in appearance; spasms accompany them in severe cases, and are confined to the extremities. Profound congestion of the abdominal viscera takes place, the balance of the circulation is lost and fluctuates as the nervous centres regain an equilibrium of action; the countenance becomes wild and vacant, the lips lose their leaden hue, the pulse rises in force and frequency, the extremities become gradually warm, the superficial capillaries distended, the countenance flushed, the pain in the head more acute and the

Febrile Stage is ushered in. Tenderness of the intestinal coats are now evinced by firm pressure and tenesmus is very severe. The thirst rages with unabating vigor, fluids or ingesta are ejected from the stomach, the skin becomes hot, the pulse full, quick and hard, the ejections more frequent and general, profuse sweating is unexpectedly ushered in. The discharges now assume the appearance of the washings of flesh and lose their fetid odor. The tongue is coated with a thin dirty whitish coat, or clean, red and shining. Pain in the ascending and transverse colon becomes permanent, and the dysenteric discharge is ushered in usually on the second day of Febrile reaction. The secretion from the kidneys is scanty, but not high colored; tenesmus now drives the patient from his couch, and fainting and vomiting hurries him again to seek a recumbent posture. The discharges from the bowels are muco-sanguineous, and a superstrata of watery fluid floats upon the surface. During the exacerbations the stools are very frequent. The mucoid matter upon examination will be found tenacious, the blood florid and the watery portions distinct. Strangury is a uniform attendant upon this malady; micturition is not only painful, but the urine is not unfrequently voided in drops, suppression of urine is a marked symytom, it is always diminished in quantity, and in the severer forms, almost entirely suppressed. Many of these symptoms continue unabated during the Febrile stage. The pulse in many cases is very changeable through the whole course of the malady, and depends for this peculiarity upon fainting and nausea as well as the profuseness of the discharges. It will frequently rise from 80 to 100, or higher, exhibiting the inflammatory pulse, and in a few hours sink

rapidly in strength, becoming thread-like and vascillating. Profuse sweating generally subsides as early as the third or fifth day. The heat of the skin is variable as well as that of the extremities. The only permanent symptoms being the tenesmus; abdominal tenderness great debility, excessive thirst, strangury and profluvia from the mucous surfaces of the intestinal tube. The irritability of the stomach usually subsides upon the abatement of the inflammatory process.—During the acmeal stage, cold drinks excite discharges from the bowels and ejections from the stomach, and patients laboring under this disease call for nutriment and appear to be relieved by its ingestion if taken into the stomach as hot as they can be tolerated. Debility follows rapidly in the train of morbid symptoms, accompanied with subsultus tendinum and jactitation. During the second week many cases show evident signs of improvement, the heat of the skin becomes more permanent, the discharges less frequent, the pulse fuller and softer and bilious matter appears in the stools. In other cases all the symptoms become aggravated, the patient becomes more dejected and impatient, the heat of the skin becomes more permanently reduced, alternating irregularly with increased temperature, and the stools fetid. Tenesmus is very distressing, the character of the evacuations are grumous and sanious, or pasty and gelatinous. The pulse is frequent, small and corded, the walls of the abdomen are contracted and rest as it were upon the vertebral column; pressure upon the abdomen is now insupportable. The countenance is haggard and ghastly, the head is rolled from side to side, the cravings for water are painful, the extremities become cold, the dejections watery, occasional vomiting returns, and,

In this stage Collapse is ushered in; a cold clammy sweat bedews the surface, the pulse sinks rapidly, the color of the skin becomes dusky, the tongue and breath cold, the intellect is generally active, the respiration is feeble, and finally life becomes extinct. Fatal terminations of this character usually occur from the seventh to the tenth day.

The stage of the Collapse may be ushered in much earlier, as in three cases which fell under my observation. One occurred on the second, one on the third and one on the fifth day. Spasms accompanied the Collapse.

I must now retrace my steps and point out some particular changes that take place indicating an abatement of the inflammatory process. From the fifth to the eighth day a striking change takes place in the appearance of the stools; this change may be favorable or the reverse

and will be indicated by the color, consistence, odor and constituents of the evacuations. They may assume a uniform *pasty* consistence of a pale reddish brown color, and upon minute inspection exhibit traces of bilious matter and maintain this character; during the evolution of symptoms they lose their tenacity from day to day and the eliminations become principally bilious. In some cases bilious diarrhœa is established of no ordinary persistance. Authorities teach that the appearance of bile in the evacuations indicates a favorable termination of Colitis. But these discharges in the malady before us are frequently rapid and profuse, and the patient will become rapidly exhausted unless they are controlled. Again, the evacuations after an abatement of the inflammatory process may continue Dysentery, and the Febrile phenomena assume a Typhoid character. The tongue becomes dry and a dark brown coat covers its central portion, its edges and tip are of a deep red color, scales gather upon the teeth, and, though many of the symptoms have abated in violence, the morbid condition of the patient is of a low character, and the result will remain doubtful for days. In some cases a vitiated secretion of bile is poured out into the intestinal canal and a protracted irritation of the mucous surfaces is kept up.

Serous discharges, as before stated, accompany the dysenteric symptoms, and in fatal cases succeed the latter. Delitescence of the inflammatory process occurs early and the Choleraic discharge is ushered in.

Causes.—Having premised the grounds upon which I have based the malignancy of Dysentery under peculiar constitutional predisposition, I shall endeavor to confine myself to that peculiarity, as connected with the more ordinary exciting and predisposing cause of disease. One of the most fruitful sources of morbid action is debility, however induced, and those causes producing debility, predispose the organism, either locally or generally, to succumb.

It is no part of my object to inquire into the nature of that deleterious principle which gives rise to Cholera, but to trace the effects of that poison upon the mucous surfaces of the intestinal canal. The specific influence of the Choleraic poison is, in my opinion, thrown upon the mucous coats of the intestinal canal; or in other words, the special Pathology of Cholera is developed upon those surfaces. In support of this opinion, see Quarterly Journal of Practical Medicine and Surgery No. V., Jan., 1849, page 13 and 14. Dr. Miller remarks: "At the commencement of the epidemic the small intestines were generally found pale and anæmic. Afterwards appeared throughout the whole

small intestines and particularly the jejunum intense "hyperaemia," and in protracted cases, there were effusions of blood, or a bloody mucous. The solitary and Peyerian glands were enlarged, and there was swelling of the whole villous coat. Again, the epithelium was throughout thrown off, &c. In protracted cases the Peyerian glands and all the lower portion of the Ileum presented the phenomena of the typhous process in an early grade ;"—&c.

In referring to the large intestines, he says that, "Brine-like gray masses composed of mucous and cast off epithelium lay on the surface.

The Choleraic constitution then induces irritability of the mucous coats of all the intestines, and a relaxation of the vascular system pertaining thereto. This condition of the mucous surfaces predisposes to inflammatory action, and when combined with the debilitating influence of an unnutritious diet, impure air, and the depressing passions, as fear and despondency, lays the foundation of this malady. Other causes than those last enumerated play an important part in establishing this morbid action of the tissues involved. Long exposure to high temperature causing the secerning system to over-act, exhausts its power and renders it less capable of overcoming the diseased actions already set up and increases its liability to be overborne by other morbific agents that may be brought to act upon the same tissue.

Those causes which derive the blood from the surface and project it upon the abdominal viscera, by distending the capillaries of the mucous membrane, tend to inflammation. Checked perspiration, by compelling the secernents of this membrane to an undue secretion, will no doubt act as an excitant of Dysentery ; the same may be said of the *prima viæ*, of indigestible food and of the retention of feculent matter within the canal, though they may not excite secretion, yet they operate as irritants and add to the morbid conditions of the tissues.

Treatment.—The precursory symptoms if promptly met with appropriate remedial agents, are easily subdued. The indications are, *first*, to relieve the irritabillty of the mucous surfaces ; *second*, to restore the tone of the relaxed capillaries. The first indication will be best fulfilled by the use of opium and camphor in the following proportions, to wit: Pulv. camphor, ʒi ; pulv. opium, gr10 ; mix, and make ten powders ; one of them should be administered every 2, 4, 6 or 8 hours, according to the urgency of the symptoms. Morphia or its salts may be used instead of the crude opium. The tinc. of opii. and camph., in the proportions of one part of the former to three of the latter, administered in dram doses *pro re nata*, from its being

more hastily absorbed, is a better formula. These agents aided by strict dietetic rules and regimen will usually control the morbid irtitability and restore the tone of the relaxed vessels. During the prevalence of this malady, this remedy should be strictly adhered to and continued from day to day, nay, from week to week whenever the bowels are irritable and the discharges thin. Generally all cathartic and laxative drugs should sedulously be avoided. In many cases the above compound of opium and camphor will necessarily require an adjuvant to control the mucous secretion and constringe the capillary vessels, as kino and other vegetable astringents, or the acetate of lead. The latter, from its sedative influence upon the vascular system and its contringent effect upon the capillaries, is more appropriate than any other astringent within our reach. Care should be taken in selecting the article, as that of the shops is frequently combined with the carbonate, the purer crystals should be selected. The acetate which has effloresced should never be administered. This article should be given according to the age and constitution of the patient.

A convenient formula is to dissolve ʒss of the lead in six drams of water, and add ʒiij of the compound spirit of lavender, giving to an adult from one half to one teaspoonful, half an hour after giving the anodyne. The remedy should be repeated until temporary constipation is induced and be recurred to again when the anodyne proves to be insufficient to control the discharges. Laxitives should be resorted to with great caution, and when resorted to, the patient should be sufficiently guarded, with natures anodyne.

OPIUM.—Rheubarb and soda, in divided doses may occasionally be advantageously prescribed. Nauseating potions must be erased from the list of agents in any stage of this malady. The irritability of the stomach will in the forming stage be sufficiently developed to satiate the appetite of the most fastidious admirer of Emesiss. By the use then of opium and camphor, occasionally alternated with astringents the ushering in of more grave symptoms may be prevented.

In the congestive or formative stage there are three important indications to be fulfilled; First: to relieve the irritability of the stomach; second, to relieve internal congestions, and third, to promote reaction. Sinapisms applied to the epigastric region are among the best means we have to relieve nausea and vomiting; their action is both derivative and counter-irritant, and often gives speedy relief. But should they fail, the sulphate of morphine should be administered in full doses, combined with camphor. A weak solution of brandy will prove highly serviceable, and should always be at hand in treating this

disease. Laudanum and brandy has in my hands given more speedy relief than any other agent. Syncope is an early attendant and the exhalents of the mucous tissues are constantly pouring out the vital fluid, and in proportion to its loss a tendency exists to extreme debility and collapse. But the pulse is the great indicator, and is firm, quick tense and thrilling, or it is variable and compressible. The history of these cases in their symptomatology will guide to a doubtful conclusion as to the utility of blood letting. The fact is, inflammation may be so modified by circumstances, tissues and epidemic influences, that to bleed is absolutely to *jeopardize* life, or to withhold the *lancet* may be but Stoical indifference as to the result of the malady. Inflammation, to tolerate the lancet, must produce some unequivocal signs of its utility, without which it had better be withheld. There may, indeed, be cases which under certain circumstances would require the loss of blood.

Authors do not agree in the use of mercurials in ordinary colitis. in the sporadic variety, I have found alternate doses prove servicable, combined with opium and diaphoretic, and even full purging with calomel may sometimes subdue the malady. But generally mercurial preparations even in minute doses are objectionable, it matters not how combined or how administered, for the extreme irritability of the mucous membrane will not tolerate any excitement whatever. My opinion is that irritability is the true guide in the administration of remedies in this malady. If the mucous surfaces will tolerate the use of mercury with chalk, it is *the* remedy, if not, it will as certainly do harm.

But what remedy shall we call to our aid in attempting to subdue inflammation, if mercury and the lancet and arterial sedatives must be stricken from the catalogue of means. Have we no other agents upon which we can rely ? There are others upon which we *must* rely in treating Choleraic Dysentery. And these are remedies that will crown the efforts of an intelligent practitioner with success. They consist in the warm bath, anodynes and astringents and organic stimulants, aided by fomentations, sponging and counter-irritants. In the earlier stages of Febrile reaction, attended with profuse sweating, sponging the surface with alkaline or rather saline lotions comprises the only febrifuge that can safely be resorted to, and they should be used warm, and as soon as the sweating subsides recourse must be had to the warm bath, and in those cases unattended with profuse sweating, the bath should be immediately applied, the earlier the better. It should be used once or twice a day and be medicated with

the chloride of sodium to saturation. The temperature of the bath I will indicate at 90 deg. Farenheit. The patient should be continued in the bath till a sensible impression is made upon the pulse. The pulse will become, during its continuance, full, soft and compressible. Care should be taken not to depress the patient by too long an immersion; it may be continued with advantage till slight depression manifests itself, upon the appearance of which the patient should be removed and the surface rubbed over rapidly with a dry flannel to absorb the water. We have no more powerful agent than the warm bath in restoring the equilibrium of the circulation and determining it to the surface. I have resorted to the bath in hopeless cases and been surprised at the results. The bath should be repeated from time to time until the inflammatory process abates in violence, after which the frbrile phenomena can be sufficiently controlled by sponging the surface. Dry cupping and blisters over the region of the inflamed intestines may now be resorted to with decided advantage. Fomentations should be assiduously applied during the whole course of the malady; they should be light and clean, and frequently changed.

The violent tenesmus and griping pain of the intestines demand no small share of the physician's attention. The warm bath aided by suppositories of opium will generally accomplish all that will avail in the management of those painful symptoms. The extreme irritability of the rectum will not generally tolerate enemas, however bland, during the acute stage. I have resorted to various enemas and they usually aggravate the symptoms which they were intended to relieve. Anodyne emolient and astringent enemas, of whatever name or nature, however, in my hands generally proved unsuccessful in relieving the tenesmus. Cold water and laudanum, two ounces of the former to one dram or more of the latter, will be as likely to be retained, and give reilef, as any. The acetate of lead deserves a trial combined with laudanum, in cases where the discharges are profuse and the patient's strength rapidly declining, and especially in those cases that tend to collapse; but they will generally fail unaided by those means calculated to subdue the inflammatory process.

The selection of constitutional remedies that are designed to operate through the medium of the absorbents, and by their influence aid in controlling the inflammatory process during the acute stage, is a desideratum of no small magnitude. Opium and camphor, combined with creta preparata, alternated with the acetate of lead, are in my opinion the most reliable. The modus operandi of these remedies, though not fully understood, appears to meet the indications as fully

as any that can be devised, especially in those cases of great relaxation of the vascular tissue of the mucous membrane. If the acetate disagrees with the stomach, it should be combined with some aromatic stomachic, as the compound spirits of lavender, and if not retained thus, recourse should be had to Kino dissolved in proof brandy and water. But I have found the acetate more generally tolerated than any other astringent during the acute stage. This remedy should be withdrawn as soon as it is safe to do so.

Astringents are countra-indicated in some cases, especially in the acute stage, but discrimination will indicate propriety. Usually they form the sheet anchor, without which all attempts to cure will prove abortive. Demulcent drinks and animal broths, as mutton or chicken broth, seasoned with mutton suet, and beef tea, should be rigidly enjoined. Care should be taken that they are administered in small quantities, often, and as hot as the stomach will tolerate them. Solulutions of starch, gum-arabic, and infusions of slippery elm and camphor julep, should constitute the drinks of the patient. If the malady advances rapidly towards a fatal termination, indicated by approaching collapse, stimulants and tonics must necessarily be superadded, as the volatile alkali, quinine and brandy. They must be administered with a cautious hand, and persevered in till the powers of life regain the ascendancy, or sink beneath the overpowering elements of constitutional and local disease.

ART. II.—*Creosote in Dyspepsia.* By Dr. Wm. Day, *of Glasgow, Iowa.*

I do not know as I am advancing anything new to the Profession, or that any physician will agree with me in the following opinions; but I am led to communicate my ideas on this matter, inasmuch as they are new to many. I find that Creosote is considered by the Dispensatory, as "irritant, narcotic, styptic, antiseptic, and moderately escharotic," to which I would add, in small quantities tonic.

I was led to try its results from an article in Braithwaite's Retrospect, No. 23, copied in your Journal of July, 1851, on the use of Creosote in Diarrhœa, which I have tried in cases of Chronic Diarrhœa, with inflamed stomach and bowels, and found to act extremely well.

I was called to see a lady who has suffered from Dyspepsia for several years more or less, but since becoming pregnant her sufferings

have become intolerable. She has also enlarged spleen which has caused some trouble, but in an inferior degree to that of the symptoms of indigestion and irritation of the stomach. To such an extent did it proceed that her food would be rejected immediately, and in whatever form she could take it. I could not give her any opiates, for her bowels had lost almost all peristalic action, and the most obstinate constipation existed.

What then was I to do? All medicine was rejected as soon as given. I now cast about to see what could be done for her relief. The article before alluded to came to my mind, and I thought that if this article is good to allay inflammatory action in one case, why not in another. I made a solution of it in a mixture of Hoffman's Anodyne ʒij, spts. nit. dulc. ʒiv, cresote minims iij; of this mixture I directed half a teaspoonful to be given every four hours, and I found on my next visit very visible amendment in the symptoms. I followed it up for several days, directing stimulating enema to be used for the purpose of producing moderate evacuation of the bowels. I am happy to be able to say, that the result was as favorable as could be expected or desired under the circumstances.

In this case I consider the operation of the medicine to have been twofold, viz: Antiseptic and tonic. There was unmistakeable evidence of a severe inflammatory condition of the stomach as exhibited by constant emesis of every article taken into it, as well as by the tenderness on pressure. This was soothed by the medicine to a reasonable degree, and brought to a condition within the bounds of normal action. It was impossible to use a blister to produce counterirritation, for the condition of the urinary organs showed too great a susceptibility to the use of any cantharidine appliances. Under the circumstances I was driven to seek for a new agent, and I believe I found it in Creosote; and I hope that the effects in this case may lead others to test still further its therapeutic powers, in similar cases.

ART. III.—*Case of Spina Bifida.* By Powers Ritchey, M. D., *of Hamilton, Ill.*

Mrs. W. was delivered on the 16th of May, of a male child, which in general appearance was healthy and well developped. It cried lustily and moved the limbs with force and celerity, and nothing occurred to mar the joy usually occasioned by such an event, until the women present proceeded to wash the child. It was then discovered

that an imperfection in the development of the posterior portion of the lumbar region existed, and that an opening about two inches in length and gaping to the extent of one inch, revealing the spinal cord and its membranes was thereby occasioned. Over this opening there was a thin cuticle-like covering, containing from one to two drams of serum, which burst upon some slight manipulation, but reaccumulated in a few hours. Upon our attention being called to the child, we examined it attentively, but could discover no lack of fullness or development in the extremities. It took the breast readily and remained, in all respects, as vigorous as children usually are, ten or twelve hours, when muscular twitchings came on and the child appeared quite feeble. I ordered a light poultice dressing to the part, and went home. Thirty-six hours after birth I was again called to see the child, and upon examination found the opening presenting an inflamed and irritable appearance. Suppression of urine existed, and spasmodic movements of the extremities were frequent and forcible. After the rupture of the membranous pouch, anticipating inflammation of the cord and its coverings, I had predicted the occurrence of spasms, and now deeming the case an irremediable one, I ordered nothing more than mild diureties internally, and protective dressings to the chasm. The child died on the evening of the third day in convulsions.

I have thought this case worth reporting, not on account of any thing new in the treatment, but as presenting the rare phenomenon of full and perfect development in connection with an extension congenital lesion of the spinal column, which in a great majority of cases associates itself with debility and emaciation of the whole, or of the inferior portions of the body. In other words it is a case of local Spina Bifida or Hydro-rachitis, and as such, might have been amenable to successful treatment, at a subsequent period, on the plan of M. Dubourg. The early occurrence of the accident referred to, and consequent inflammation of the cord, destroyed this only hope of ultimate relief.

SELECTED PAPERS.

ART. IV.—*On a New Mode of Producing the Instantaneous Coagulation of Blood in the Arteries—Aneurism of the Suborbital Artery, cured by this means.*

Our readers, no doubt, remember the interesting account communicated by M. Lallemand to the Academy of Sciences, of the experi-

ments made by M. Pravas, of Lyons, to obtain instantaneous coagulation of blood in arteries. This question having been lately brought before the Surgical Society of Paris, connected with its successful application in man, we will briefly detail in what M. Pravas's method consists.

He makes use of perchloride of iron at the maximum of concentration, a few drops of which is to be injected into the vessel in which it is desirous to obtain coagulation. This injection is to be made with a very fine trocar, of either gold or platinum, the diameter of which is scarcely greater than that of a needle; this is to be introduced very obliquely, through the parietes of the artery, with wriggling motion. To this trocar is adjusted a small syringe, the piston of which works with a rack and pinion motion, so that the injection proceeds without impulse, drop by drop, and in such a way, the quantity of liquid injected can be accurately measured. Every turn of the pinion allows of the escape of two drops of the liquid. Whilst this injection is used, the circulation is momentarily arrested in the vessel by means of pressure above and below. A few drops suffice (three or four in a sheep, six or eight in the horse) to form a solid and resisting clot.

Up to this time, the experiments had been only made on animals, but M. Lallemand expressed a hope to see them succeed in man.—This appeal has been heard. M. Raoul Deslongchamps has just sent before the Surgical Society of Paris a case of aneurism of the suborbital artery treated with success by injection of perchloride of iron. It was a tumor situated in the suborbital region, affording pretty strong pulsations, isochronous with the heart's action. This tumor, for the cure of which compression had been used without effect, disappeared completely by means of the injection, as recommended by M. Pravas, after presenting some inflammatory symptoms, which easily yielded to antiphlogistic treatment.—*Gazette Medicale de Toulouse—from Dub. Med. Press.*

On a Cause of Deafness not hitherto described. By James Syme, Esq.—Diseases of the ear may be divided into the *curable* and the *incurable* The former are remediable in accordance with the ordinary principles of surgery. The latter belong to the "Aurists." The two following cases pertain to the surgical department, and present examples of a morbid derangement in the auditory organ, which, so far as I know, has not been noticed by any other writer on the subject, either general or special.

Case 1.—W. T., aged 17, was admitted into the Royal Infirmary on the 27th of September, 1848, on account of severe pain and deafness of his left ear. On looking into it, I saw at the bottom of the tube a small white body apparently composed of bone, but so extremely sensitive of pressure that a satisfactory examination could not be accomplished until the patient was placed under the influence of chloroform. It was then ascertained that the growth possessed an osseous consistance, and as it did not so fully occupy the cavity as to prevent me from introducing the point of the small polypus forceps, I, by this means, easily effected its extraction. It was similar in size

and form to the half of a small split pea, and had adhered to the side of the cavity by a narrow neck. The patient sustained no inconvenience, and immediately regained his hearing, while the pain which had been so severe for the preceding three months as to render him unable for following his employment, completely ceased.

Case 2.—R. H., aged 35, was admitted into the Royal Infirmary on the 5th of April, 1853, on account of deafness and uncomfortable sensations connected with the right ear, by which, he said, that for twenty years the ticking of his watch could not be heard. On looking into the tube, I saw an appearance so perfectly similar to that which has just been described, that I at once recognized the same condition. As the excrescence was larger than in the former case it did not allow space for introducing the point of the forceps, but allowed a probe to be passed round it, so as to let me ascertain the position of its connecting pedicle. By means of small straight scissors I divided this and then lifted out the piece of bone. The patient immediately regained his power of hearing.—*Monthly Journal.*

On the Anti-Hemorrhagic Effect of Chloroform during Operations. By M. Chassaignac.—Surgeons who have performed a great number of operations with the aid of chloroform must have observed the small amount of blood lost during severe operations by some subjects under the influence of this anæsthetic: for my part I have long remarked it. Without attaching importance in other respects to this peculiarity, I could not avoid comparing the trifling nature of these losses with the large quantity of blood generally poured out in capital operations in which chloroform is not employed.

Reflecting on the mode in which such a result might be produced, it soon occurred to me that an individual in whom the physical and moral agitation caused by an operation raises the pulse to 120, must lose more blood from an opened artery than one in whom the pulse does not exceed 60 beats in a minute, and I thought that we might find in this fact something extremely advantageous, and having a direct practical application in reference to hemorrhages occurring during operations. Still, this was so far but a surmise, resting partly, it is true, on impressions sufficiently vague, but also supported by this physiologically incontestible reasoning, viz., that a wounded person whose pulse beats 120 in a minute must lose, in a given time, all other things being equal, more blood than one in whom it does not exceed 60.

But to draw conclusions, and, above all, conclusions capable of practical application, something more is necessary than surmises and reasoning, however plausible they may be. I therefore resolved to submit to special observation in this respect a certain number of patients operated on in the Hospital Saint Antoine, and I am now desirous of drawing the attention of surgeons to the results thus obtained.

The observation of eleven cases, viz., three of amputation of the thigh, one of amputation of the leg, four of removal of the breast, one of total resection of the first metatarsal and first cuneiform bones, one

of resection of the humerus, and one of resection of the inferior maxillary bone—has furnished me with the opportunity of establishing, that, whether during the period of collapse, or that of anæsthetic tolerance, the losses of blood which usually attend such cases were vastly lessened; and that, especially in two subjects, one a female, from whom the breast was removed, and the other a man on whom amputation of the thigh was performed, it might almost have been said the operations took place without hemorrhage. In the latter case, it is true, the compression of the femoral artery was maintained with great precision; still, it was evident that the chloroform contributed to the arrest of the blood, for when I desired that the compression should be suspended, the entire of the wounded surface, with the exception of the principal artery, which furnished a very moderate jet, gave so trifling a flow of blood that we were obliged to wait for the cessation of the anæsthetic state, to be able to apply ligatures to the secondary arteries. In the female, whose right breast was removed on account of a gland-like tumor, a teaspoonful, literally, of blood was not lost during the operation. In this case I committed the mistake of not awaiting the restoration of consciousness before dressing the wound; and—a point well worth attending to—hemorrhage supervened, which was not discovered until some time after the application of the dressing, some hours, in fact, after the patient had been replaced in bed.

It is not only with respect to arterial hemorrhage that chloroform may be considered as diminishing the loss of blood; it has a similar effect on venous hemorrhage. It is known, in fact, that the badly restrained efforts of a suffering patient predispose him in a peculiar manner to the latter variety of loss of blood; for he is under the influence of two causes which play an important part in this kind of hemorrhage: first, imperfect respiration, and next, energetic muscular contractions. These two causes are removed by chloroform and are replaced, through the effects of this agent, by a state of collapse or anæsthetic tolerance.

In order to give a rational account of the forces in virtue of which the phenomenon we are considering takes place, it will suffice to compare briefly the condition of a patient operated on in the ordinary state, with that of an individual who has reached the period of tolerance. In the former, the dread of the operation about to take place accelerates the number of the pulsations, increases the impulse of the heart, and retards the free return of the venous blood, not only in consequence of the disturbance of the respiration, but also of the efforts made by the patient, while restrained by the assistants. Thus, increase of the number of the pulsations, augmentation of their intensity, and arrest of the venous blood, are the circulatory conditions of the patient submitted to operation without the employment of anæsthetics. What do we observe when the latter have been administered? Precisely the contrary: diminution of the frequency of the throbbing of the pulse, weakening of its intensity, and a normal state of the respiration and of the venous circulation. Comparing such opposite conditions, it is not difficult to understand the difference of the result ob-

served in reference to the hemorrhagic tendency.

Let us now consider what practical conclusions may be drawn from what has just been laid down. Under this head, and as the result of my observations, I may observe:—1. That the sedative action of the chloroform, during what has been styled the period of tolerance, diminishes in those who are operated on: *a*, the number of the pulsations, *b*, the strength of the impulse of the heart; *c*, the arrest of the blood which is a cause of venous hemorrhages. 2. That the diminution of hemorrhage, during the period of tolerance, may be a real advantage in the case of operations involving the possible opening of a great number of vessels. 3. That if it is sometimes useful, as has been recommended by some surgeons, not to apply the dressing until a certain time had elapsed after an operation, this procedure may be said to be obligatory after the employment of chloroform, the chances of an ulterior hemorrhage being greater in proportion as less blood has been lost during the operation.—*Le Moniteur des Hopitaux.* (*Dub. Quart. Jour.*)

MIDWIFERY AND DISEASES OF FEMALES.

Galactagogue and Emmenagogue Effects of warm and stimulating Applications to the Mammæ. By JOHN ROSE CORMACK, M. D. My object at present is to establish, by the brief narration of a few facts, the following propositions:—

1st Warmth and stimulants applied to the mammæ often act powerfully as *galactagogues*.

2d. Warmth and stimulants applied to the mammæ often act powerfully as *emmenagogues*.

3d. The leaves of the bofareira (or ricinus communis) and jatropha curcas act as galactagogues and emmenagogues; but not from their possessing any peculiar or specific power.

I. WARMTH AND STIMULANTS APPLIED TO THE MAMMÆ OFTEN ACT POWERFULLY AS GALACTAGOGUES.—CASE 1. *Milk restored to the mammæ by hot fomentations.*—Last month, a lady, when nursing her infant, about seven months old, was attacked with acute bronchitis of moderate severity, which was successfully treated by low diet, and tartar emetic in small doses. At the end of four days, the bronchitis was cured; but the milk, which had previously been failing, almost entirely left the breasts. On the fifth day, from exposure to cold, she experienced a relapse of the bronchial affection. As she had been considerably weakened by the previous attack, and as the symptoms of the relapse were not sufficiently severe to justify recourse a second time to antimony, I ordered her to take a draught containing ammonia and chloroform, as an anodyne, expectorant, and diaphoretic, every eight hours; and to carry out similar intentions, I also directed a succession of pillow-cases, filled with heated moist bran, to be applied to the chest. When I saw her on the following day, after this treatment had been employed, she told me that she had profusely perspired for some hours; she was (after copious expectoration) free from cough, and pain in the chest; and, what was equally a source of pleasure and

surprise to her, *her breasts had become distended with milk.* This lady was able to resume nursing, and to continue it with the assistance of a suitable diet.

CASE 2. *Effects of a sinapism applied to one of the mammæ of a lady, five months advanced in pregnancy: effects of warmth in the same case.*—A lady was under my care for bronchitis, at the same time as the patient whose case I have just sketched. She was directed one night to apply a sinapism over the sternum, which she did, but having fallen asleep, it slipped to the side, and remained undisturbed for about an hour upon one of the breasts. For some days, this mamma was very much larger in size than the other, and its areola was also much darker. From the delicacy of this lady, and the unusual severity of the weather, I directed her to wear a double flannel jacket, and a wadded wrapper round the chest. She tells me that *the breasts are larger, and the areola much deeper in color than they ever were in any of her ten previous pregnancies even at the full time*; and these conditions were established while her general health was exceedingly depressed by illness.

CASE 3. *Stimulating embrocation increasing the supply of milk.*—A lady, though in excellent health, had a very scanty supply of milk for her infant, when it was a few weeks old. She consulted me as to the use of means to remedy this evil; and I advised her to rub the mammæ gently, every six or eight hours, with an embrocation containing a small quantity of tincture of cantharides and oil of thyme, and to sheath the mammæ very warmly in wadding. *In a few days the milk was abundant.*

CASE 4. *Hot poultices keeping up the secretion of milk when this was not desired.*—A lady suffered, after her confinement, from a succession of abscesses, and abortive abscesses in the breast. The surgeon who attended her treated her by antiphlogistic medicines, under which discipline she passed some wretched months, from mental and bodily depression, aggravated by hysterical attacks. The local affection did not seem to make any satisfactory progress; and the great obstacle to a cure was stated to be the impossibility of getting rid of the milk, in spite of saline purges being freely administered. The mammæ during the whole of the period to which I refer, had been ceaselessly treated, night and day, with hot poultices and medicated fomentations. These applications were abandoned, and a generous diet prescribed. *In a few days there was not a drop of milk in the breasts*; and the abscesses, actual and threatening, had ceased to give any pain, and had, in fact, almost disappeared.

I might refer to other cases, which I have vividly in my memory; but the above, which have occurred within the last three months, seem sufficient to establish the first proposition—viz., that *warmth and stimulants applied to the mammæ often act powerfully as galactagogues.* I need hardly add, that along with the use of such means, the regular application of an infant to the breast would greatly assist in producing lactation, as, according to the testimony of various authors, this stimulus has of itself proved sufficient to restore the secretion of milk, and has actually caused it to flow, not only from virgins and other women

who had never been pregnant, but even from males. Excitement and sanguineous turgescence of the gland is induced; and these conditions afford to the organ both a power and a stimulus to perform its previously dormant function.

II. Warmth and Stimulants applied to the Mammæ often act powerfully as Emmenagogues.—Warm clothing of the abdomen and limbs, hot hip-baths, and medicines which stimulate the bladder and rectum (such as ergot, cantharides, and aloes,) have undoubted emmenagogue powers in properly selected cases of retarded or suppressed catamenia; and, indeed, they constitute, in various combinations, the principal measures by which the physician usually endeavors to excite the ovarian nisus upon which menstruation depends.—The observant physician knows well, that while his treatment is directed to the uterus through the ovaries, the effects produced upon the mamma are generally very striking, and the first indications which he expects to find of the uterus being roused from its torpor are turgescence and tingling of the mamma; phenomena which also usually precede normal menstruation. It is equally true, though not so familiarly understood, that measures which act directly and primarily upon the breasts, such as warm clothing to the bust, and the application of stimulants, not only cause them to swell and throb, but likewise stimulate the ovaries, and cause the menses to flow. The practice adopted by some practitioners, of applying leeches to the mammæ in amenorrhœa, owes its efficacy to fomentations used, and the irritation of the bites.

In 1834, Dr. Charles Patterson published, in the *Dublin Journal of Medicine*, a paper, in which he described the emmenagogue power of irritation of the mammæ by sinapisms. This paper fell into my hands at the time of its appearance, when I was an Edinburgh dispensary pupil, practising, I believe, with more zeal than knowledge, and using, often with more confidence than discrimination, that plan of treatment which I had seen most recently or most enthusiastically recommended. In these circumstances, I successfully employed Dr. C. Patterson's method in amenorrhœa. The beneficial results which I then obtained, produced a very strong impression upon my mind as to the efficacy of irritation of the mammæ in producing menstruation; and the experience of nineteen maturer years has confirmed this impression.—As Dr. Patterson's facts do not seem to be referred to by subsequent writers, and as the practice which he recommends is so little noticed by authors, I subjoin an extract from his paper. Dr. Patterson writes as follows:—

"Mary Reardon, aged 24, of moderately corpulent habits, was admitted into the Rathkeale Hospital on the 10th of August, 1832.—She labored under slight synochial fever, which in a few days yielded to venesection and purgatives. On the 19th August, symptoms which were considered of a hysterical character presented themselves, with pain in the upper and outer part of the right side of the chest. For the latter affection, a small sinapism was prescribed; but from inattention of the nurse, it was made so large, that it covered a considerable portion of the mamma. The sinapism remained on for half an hour.

At the visit on the following morning, the 20th of August, Reardon complained that the right breast was exceedingly painful—the pain being very different in its character from that which she had before experienced. On examination, the whole side of the chest was found considerably swollen; there was slight diffused redness of the skin; and though the mamma itself was enlarged to four or five times its natural bulk, yet there was no circumscribed hardness, nor any tendency to suppurative inflammation. On the 21st August, the right mamma and adjoining parts of the chest were found much more enlarged than they had been at the preceding visit. The left mamma and side of the thorax were unaffected; and it was announced by the nurse that the catamenia had that morning appeared, and were then in considerable quantity. This discharge, which, as the patient stated, had been for two years and a half wholly suppressed, continued to flow for two days; then it began to decline, and with it the tumefaction of the mamma gradually disappeared." (Pp. 193–184.)

Dr. Patterson's attention having thus accidentally been directed to mammary irritation as an excitant of the torpid uterus, he resolved to try its efficacy when a suitable opportunity presented itself. His next case is thus described:—"Catharine Power, aged 19, applied to me on the 14th September, 1832. She complained of headache, languor, loss of appetite, and inability to attend to her usual business—that of a servant. She stated, that about the middle of April, the menstrual discharge being then present, she incautiously exposed herself to cold in washing clothes at a river. The catamenia then suddenly ceased, and had not since returned; and from that period she had been constantly subject to ill health. She had consulted different medical gentlemen, and taken a great variety of medicine, with little advantage. I directed that the clavicular half of the right mamma should be covered with a sinapism. It was allowed to remain on for thirty minutes; and on visiting her in six or seven hours after its removal, I found the whole right breast considerably swollen, hot, and painful. The next morning, the enlargement of the mamma was very mnch increased, the tumefaction having extended to the clavicle and axilla of the irritated side. There was no hard circumscribed or prominent tumor, but a painful, diffuse, elastic distension of the mammary gland, and surrounding cellular substance. On the evening of the day next succeeding the application of the sinapism, this poor girl with much joy reported that the catamenia had appeared. The flux having continued for two or three days in moderate quantity, she then found herself greatly relieved of the headache and other most distressing symptoms; and in a week her health was so far restored, that she ceased to require any further attendance." (Pp. 194–195.

I am disposed to regard irritation of the mammæ as a convenient and rapid agency for the induction of menstruation; but one which must neither be rashly nor indiscriminately employed. In numerous cases it may be used alone; but, generally speaking, it may be advantageously combined with other means. In cases of acute suppression of the menses, I am in the habit of prescribing, along with sinapisms to the mammæ, warm clothing of the bust and limbs, and the

hot hip-bath every twelve hours. In anæmic amenorrhœa, it need hardly be stated, that irritation of the mammæ is only calculated to do good in conjunction with, or after a course of, a metallic medicine, such as some of the preparations of iron, manganese, or arsenic. In such cases, where we can trace a monthly ovarian nisus, though there be no catamenial flow, these periods should be seized as the appropriate times for using the sinapisms, and then also we may sometimes, by venturing a few doses of forcing medicine, such as cantharides and ergot, bring the case at once to a favorable issue.

The emmenagogue effects ascribed to the application of the leaves of the ricinus communis, by Drs. M'William and Tyler Smith, can easily be understood, when we remember their irritative character, and the consequences which we have found to be induced by irritation of the mammæ caused by other stimulants. "When the breasts," says Dr. M'William, "are small and shrivelled, the plant is said to act more upon the uterine system, bringing on the menses, if their period be distant, or causing their immoderate flow, if their advent be near." In the subjoined case, related by Dr. Tyler Smith, the effect produced may have been owing partly to the application to the breasts, and partly to the application to the genitals. "I have used," says Dr. Tyler Smith, "the remedy in a case of scanty menstruation of a remarkable kind. Owing to exposure to marsh malaria some years ago, the patient had scarcely a sign of colored discharge at the usual catamenial periods. She used the infusion of the leaves of the red bofareira at the date of her period, applying the infusion and leaves to the breasts, and the vapor to the genitals, with the effect of producing, in two days, a considerable flow of the catamenia."

III. The Leaves of the Bofareira do not produce their Galactagogue and Emmenagogue effects in virtue of any speciec property.—The facts which have been already cited, point out pretty plainly that the effect of the leaves of the bofareira does not depend upon any specific property possessed by them; but simply on the determination produced by warmth and the irritative juices which they contain. That a good deal depends upon the mere warmth of the poultices, is sufficiently obvious. I have seen frequent examples in my own practice. I will not, however, enter into the particulars of these cases; but will conclude by mentioning two circumstances, which thoroughly corroborate this view. In the *Boletin de Medicina, Cirujia, y Farmacia* of 14th November, 1852, a short abstract was given of Dr. M'William's paper. In the same journal of the 19th December following, a correspondent writes to say, that in consequence of the notice which had appeared of Dr. M'William's paper, he had used fomentations of fig-leaves (*hojas de higuera*) to promote the secretion of milk in three cases, in which it had wholly or nearly ceased. In all the cases the benefit was decided. The Spanish practitioner wrote to confirm the practice recommended by Dr. M'William, but he has in reality, by using the wrong leaves, shown very clearly the galactagogue effects of poultices and fomentations, even when destitute of stimulating properties. I may likewise here state, upon the authority

of a Spanish lady (with whom I conversed on this subject a few days ago,) that in Cadiz women are in the habit of bringing back the milk to their breasts after it has left them in consequence of weaning the child, or of any other cause, by means of drinking an infusion of the wild lupin (*altramuz*), and applying to the mammæ fomentations made with the same plant. This plant has no stimulant or irritative quality, and the efficacy of the poultices made with it must, as in the case of the fig-leaves, depend simply on heat and moisture, as in a common poultice. The internal use of the infusion might be dispensed with.—*Association Medical Journal.*

ART. V.—*Stomatitis Ulcerosa of Children.*

Dr. F. W. Mackenzie, in an interesting article on this disease, (*London Journ. of Med.*, Oct. 1352) says:

"These diseases are almost peculiar to the period of infancy and childhood; and, as far as I have observed, occur principally to children who have been badly fed, are exposed to atmospheric vicissitudes, reside in unhealthy localities, or have been born of strumous or syphilitic parents. That it is essentially a constitutional affection, and not occasioned merely by bad air, endemic influences, or unwholesome food, is, I think, certain; for I have known it to occur in robust-looking children, who had been living in healthy, open situations, and well supplied with good nourishment, and all the necessaries of life. In these cases, however, the disease was almost invariably found to have arisen from some local irritation, such as that of a carious tooth; and, when protracted, to be connected with some latent scrofulous taint; whereas, in other cases, it will arise in the absence of any local cause, and, apparently, from nothing else than a very deteriorated condition of the health.

"In the general management of these cases, we are directed to employ, locally, strong solution of the nitrate of silver, or of the sulphate of copper or zinc, with or without astringent, stimulating, or detergent gargles, and to administer, at the same time, quinine, tonics, and a liberal diet. I formerly followed these instructions closely, but sometimes with equivocal success; and I am now, after repeated trials, disposed to give the preference to the following method of treatment. It consists in removing, in the first place, any apparent cause of irritation, such as a decayed tooth, should it exist; and in applying, daily, the dilute nitric acid of the pharmacopœia, to the whole of the ulcerated surfaces, by means of a sponge or camel's-hair pencil; whilst, at the same time, the sesquicarbonate of ammonia is given in full doses, combined with the citrate of iron. When the tongue is coated, and the alvine discharges are unhealthy, it is necessary to premise an emetic of ipecacuanha and squills, as well as a purgative of calomel and rhubarb. It is olso necessary that the patient should be well supported by a nutritious diet, and an adequate allowance of malt liquor or wine.

"I will briefly add, that the use of ammonia in these cases was first suggesied to me from observing its beneficial effects in the ulcerative affections of the mouth and throat, which occur in children in connection with scarlet fever. And, alone, it will accomplish a cure, as some of the following cases show, although less speedily than when combined with the citrate of iron and the local application of dilute nitric acid. The latter remedy appears to have a remarkable influence in improving the character of the ulceration and arresting its progress. The sloughy, dirty, yellowish appearance, which it generally presents, is soon changed for a florid, healthy, granulating surface; and this result would appear to depend upon the moderately-stimulating properties of the remedy, which are not disproportionate to the exhausted vital powers of the part."

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Removal of the Obstructing Mucus in the Suffocative Bronchitis of Infants.—In an instructive case which he relates, M. Valleix draws the attention to the importance of mechanically clearing away the mucus from the throats of infants, in the suffocative paroxysms observed in the generalized bronchitis so fatal to young children. As soon as the child assumes a violaceous appearance, and suffocation seems imminent, the little finger should be passed along the back of the tongue. The child, closing its jaws, resists strongly, but the finger should be gradually advanced. When it reaches the isthmus, the child opens its mouth, and we should then pass on behind the epiglottis, so as to bring the pulp of the finger several times over the larynx. This produces efforts at coughing and vomiting, and the mucus is expelled from the air-passages, a part being drawn out with the finger, and the rest swallowed. The child appears, after this little operation, much flushed and agitated, and almost suffocated; but it soon becomes calm, until renewed signs of asphyxia calls for a repetition of the procedure. In the case which M. Valleix relates, apparent death, after one of these paroxysms, was successfully treated with artificial respiration, the employment of which he strongly recommends in similar cases.—*Brit. and For. Med.-Chirurg. Review*, Oct., 1852; from *L'Union Medicale*, No. 48.

ART. VI.—*Nocturnal Incontinence of Urine.* By M. Trousseau.

We do ıbt the necessity or propriety of resorting to the apparatuses suggested by Mr. T. We have often relieved cases of this kind with Tr. of iron, and other tonic medication.—[Ed. S. M.-& S. J.

M. Trousseau observes that the nocturnal enuresis of children and young persons takes place after they have been asleep one or two hours, and that they retain the urine the rest of the night. As a possible explanation of this, he refers to the fact that there is erethism of the genital organs during the commencement of sleep; and asks then,

whether there may not be a tenesmus of the bladder? But, he further asks, why should not the sphincter then tend to retain the urine?

The organs must be caused to lose their bad habits; and this may be done by awaking the children after they have slept an hour, in order that they may urinate. On the next night they are awaked a few minutes later, and the time of awakening is made later every night, until at last it is desisted from. This has sometimes effected a cure.

At the same time, pills containing a *centigramme* of extract of belladonna are given; a week after the quantity is raised to two, and then to three, rarely to five *centigrammes*. The child is now roused on alternate nights, and if it has not wet its bed on those nights when it has been left asleep, it is not awakened; if it contiues free from enuresis for a fortnight, the dose of belladonna is diminished. If the case goes on favorably, the treatment is alternately resumed and intermitted for some weeks, until it is finally left off. This is necessary, as the disorder may return after some months, in the manner of marsh fever.

In cases of incontinence of urine, eczema of the vulva or prepuce may be produced by irritation of the urine; it may then extend to the meatus urinarius, and cause tenesmus of the bladder.

If belladonna fails, the syrup of sulphate of strychnine is sometimes found useful. If this fail, flagellation and stinging with nettles may be useful, as instruments of intimidation, or perhaps they may have some reflex power.

M. Trousseau finally describes an oval compressor, which he has devised for the treatment of nocturnal enuresis.

An elastic band is fixed round the body, and supports at the back a spring which reaches to the anus. To this is fitted a metallic plate, on which is fixed a trunkated cone of caoutchouc; two or three *centimetres* (about two-thirds to an inch) in diameter at the base, according to the age of the patiunt, and the amount of the compressure required, The pressure may be increased or diminished by introducing the cone more or less deeply; and the size is varied by adding perforated shields of caoutchouc, in greater or less number, so as to diminish the length of the cone. Straps are passed under the thighs; and thus we have a light bandage, in no way inconvenient, which in boys acts in some way as a sphincter, by compressing the neck of the bladder and preventing the urine from escaping, and imparts to the bladder the habit of remaining full during the night as well as during the day.

But as this method could only be applied in girls, *per vaginam*, and then with great difficulty, M. Trousseau employs a modification of the instrument contrived by N. Gariel for arresting uterine hemmorrhage. It consists of a caoutchouc bag, which is introduced beyond the hymen; by means of a tube it is inflated with air, and a stopcock attached to it is closed. The back presses on the lower part and neck of the bladder; and in the morning the instrument, having been emptied of air, is taken out and cleaned.—*London Jour. of Med.*

ART. VII.—*Remedy for indigestion.* By John Spurgin, Esquire.

Mr. Spurgin having from numerous trials upon his own case, which was one of most obstinate indigestion, and those of numerous friends, found the following recipe of eminent service in their relief, he was determined, if possible, to give it a public recommendation, hoping that it might prove an instrument in our hands for the expulsion of quackery from some of the domains of our art. He says:

This latter consideration weighed strongly to induce me to give the article a proper trial; and I allowed the late Mr. South, of Hunter street, who was a general practitioner, to prepare and sell it, after having satisfied myself in my person, and with several of my dyspeptic patients, of its efficacy and undeniable utility. The widow of this gentleman has continued to prepare and vend it, under the title of the "liquid condiment," for her own benefit, according to this formula:

℞. Liq. potassæ; sodii chloridi, aa ʒ i.; sodæ phosphatis, ʒ iss; aq. puræ, ℥ iii.

As much of the solution may be taken at a time as will not affect the taste of the beverage disagreeably.

In a great many instances the article has proved most useful; many families have it on their tables for daily consumption; and even make their tea by first putting two or three teaspoonfuls into the teapot with the tea.

It is not intended to be resorted to as an occasional remedy for various forms of indigestion, but constantly, in like manner as common salt.—*Med. Times and Gazette. Braithwaite.*

ART. VIII.—*Treatment of Jaundice.*

Dr. Budd recommends the following treatment in cases of Jaundice arising from suppressed secretion:

From ʒ ss. to ʒ j of sulphate of magnesia, in conjunction with gr. xv. of carb. of magnesia, and ʒ ss. of aromatic spts. of ammonia three times a day,—the sulphate of magnesia to keep up free action of the bowels; the carbonate of magnesia to neutralize any excess of acid on the stomach or bowels; and the aromatic spirits of ammonia to support the nervous system, and to keep up the action of the skin.—*Med. Chir. Rev. Ibid.*

ART. IX.—*Chloroform in Obstruction of the Bowels from Spasms.* By J. D. Cain, M. D.

Every physician meets, in the course of his practice, with cases of obstruction of the intestines, which has come gradually or suddenly, generally from some cause of irritation existing in them. The obstruction in these cases consists of a spasmodic contraction of a portion.

or of portions of the intestines, generally the small. The plan I formerly pursued was, to cease all attempts at forcing a passage by means of cathartics, if one or two brisk cathartics failed, and to resort to opium freely, enemata of warm water, melted lard or butter, sweet oil, etc., the warm bath, fomentations of the abdomen, and other means of producing relaxation. For more than two years I have used Chloroform, as a more powerful agent than opium, and its preparations, and as more certain in relaxing the muscular system. The Chloroform, administered in greater or less inhalation, soon produces a greater or less degree of resolution, and taking advantage of the relaxation thus effected, I give enemata, either stimulating, mucilaginous, or oily, which in a short time bring away fæcal matter. The inhalation may be repeated as often as in the judgement of the physician the case demands.

Chloroform possesses the immense advantage over opium, of relieving effectually and promptly the pain, and in not leaving the bowels in a constricted state, the sedative effect soon passing off.

Seven cases have thus been treated by me with highly satisfactory results. In one case only have I experienced any difficulty in inducing the requisite degree of relaxation of the bowels. The subject of this case was very slightly susceptible to its influence; but the pain was completely relieved by frequent inhalations, and the obstruction gradually overcome.—*Charleston Medical Journal.*

ART. X.—*Strychnine as a Tonic.* By Dr. PARRISH. (*New Jersey Medical Reporter.*)

In a paper on this subject, Dr. Parrish records several cases in which marked benefit seemingly resulted from the use of the agent. Dr. P. thus concludes: Considering the specific action of strychnine as being directed to the nervous system, and the nervous system as the great centre of power, executing through all its multiplied divisions and ramifications the controling force which is necessary to preserve the harmony of organic life, it may well be inquired whether this remedy, though an active poison in overdoses, may not be judiciously employed in a variety of cases where a permanent tonic impression is needed. We have known it to do good in prolapsus uteri, depending upon a relaxed condition of the uterine ligaments and vaginal muscles, and it has done good by expending upon those relaxed parts its specific contractile influence. It is well known that, when given in paraplegia, for example, its effect will first be seen in the paralyzed limb. Its peculiar office seems to be, to lay hold of those muscles which cannot act themselves, and stimulate them to normal effort. This action is, of course, produced through the nervous centres. Why, then, in cases of leuchorrhœa depending upon general debility of the nervous system, may it not act in the same way, and by the same rule? Why, in cases of prolapsed uterus depending upon a relaxation of the tissues retaining it naturally *in situ*, may it

not produce and sustain that kind of *tonic spasm* necessary to restore it to its position, and hold it there? How else can the fact be explained? for cases of prolapsus uteri from debility have been treated by strychnine in tonic doses, with a success which pessaries and supporters could not secure.

MEETING OF THE AMERICAN MEDICAL ASSOCIATION.

As the proceedings of the American Medical Association, have been published in most of the journals of the country, the following brief notice of a portion of the transactions, is all that we think necessary to publish at this late day:

The sixth annual meeting of the American Medical association commenced on Tuesday, the 3d ultimo, at the Bleecker street Presbyterian Church, in the city of New York, and continued till the evening of the following Tuesday. As was anticipated, the attendance was large. larger than at any previous meeting. Nearly six hundred delegates and members were assembled. The States of New York, Massachusetts, and Pennsylvania, were the most numerously represented, and, relatively, in the order just enumerated. But very few of the States of the Union were without representatives.

FIRST DAY.

The city of St. Louis, Mo., was with great unanimity designated as the place for the next annual meeting of the Association.

In accordance with the recommendation of the publishing committee, the annual subscription was raised to $5. This was deemed necessary in order to meet the expense of the publication of the annual volume of Transactions.

The President of the Association, Dr. Wellford, of Virginia, read an addrsss, which was received with marked approbation, a vote of thanks being taken, and a copy requested for publication in the annual volume of Transactions. While we shall find much to admire in this address, there will be room for critical remark when it appears in print. We refer more particularly to the disparagement of the American medical profession, and of medical education in this country, in which the venerable writer conforms to a custom that we desire to see honored in its breach rather than observance. In compensation for this, as it seems to us, exceptionable part of the address, the benefits which have resulted from the Association were set forth with cogency and eloquence.

A communication from Dr. Ramsay, of Ga., was laid upon the table without reading. It was understood that the communication related to a complaint of a personal nature of the action of the Association at a previous meeting. Without knowing aught of the merits of the controversy in which Dr. Ramsay has been engaged, this action of the Association seemed to us to savor of injustice. We think the commu-

nication should have been read before being laid upon the table; but as the course pursued met with nearly an unanimous assent, we are bound to conclude that in the opinion we have expressed we are probably in the wrong.

The nominating committee (consisting of one delegate from each of the States represented at the meeting) reported the following names for officers for the ensuing year. The report was adopted, and the officers duly elected by resolution:

President—Dr. Jonathan Knight, of Conn.

Vice Presidents—Drs. Usher Parsons, of Long Island; Lewis Condit, of New Jersey; Henry R. Frost, of South Carolina, and H. L. Howard, of Ohio.

Secretaries—Drs. E. L. Beadle, of New York, and Edwin L. Lamoine, of Missouri.

Treasurer—Dr. D. F. Condie, of Penn.

SECOND DAY.—MORNING SESSION.

The stated reports from the standing committees appointed at the last annual meeting, were called for in order. Several committees reported progress, and desired to be continued. Others did not respond to the call. Some sent in their declination. A small portion only of the reports provided for, were submitted. Some of these were referred to the committee on publication, the titles alone being read; of others a synopsis was read, and a few, not being voluminous, were read in full.

The following is a list of the reports received and referred to the committee on publication:

1. On Acute and Chronic Diseases of the Neck of the Uterus. By Dr. Charles D. Meigs, of Penn.
   Referred without reading.
2. On the Agency of the Refrigeration produced by the Upper Radiation of Heat as an Exciting cause of Disease. By Dr. G. Emerson, of Penn.
   A synopsis read by Dr. E.
3. On Typhoid Fever. By Dr. R. H. Campbell, of Ga.
   A verbal abstract presented.
4. On the Epidemics of Tennessee and Kentucky. By Dr. W. L. Sutton, of Kentucky.
   A synopsis submitted.
5. On Medical Education. By Dr. Pitcher, of Michigan.
   This was read in full.

At this stage of the proceedings the report of the committee on prize dissertations was called for. The committee reported an award of one of the two prizes to Dr. Waldo J. Burnett, of Boston, Mass., for a treatise on "The Cell, its Physiology, Pathology and Philosophy." The second of the prizes was awarded to Dr. Washington L. Atlee, Philadelphia, for a treatise on "The Surgical Treatment of certain Fibrous Tumors of the Uterus heretofore considered beyond the resources of art."

A voluntary communication on Diseases of the Hip Joint, by Prof. Alden March, of Albany, was favorably reported on by the committee, and the author was requested to read his paper, after the meeting, at the Crosby Street Medical School.

AFTERNOON SESSION.

1. Dr. Gordon Buck, of New York, read a paper on Morbid Growths within the Larynx, which was referred to the committee of publication.

The committees, and individuals to whom certain subjects were assigned for reports to be presented at the next annual meeting, were appointed, but we are not now prepared to give their names and a list of the subjects. This we will do in a future number.

THIRD DAY.—MORNING SESSION.

1. A Report on Medical Literature. By Dr. N. S. Davis, of Ill. This interesting and able report was read in full.

2. "On the results of Surgical Operations for the relief of Malignant diseases." By Dr. S. D. Gross.

An abstract was read by Dr. L. P. Yandell.

Resolutions commemorative of the decease of the late Dr. Drake, of Cincinnati, of Dr. Isaac Parrish, and Dr. Horner, of Philadelphia, were adopted.

AFTERNOON SESSION.

A committee of five, (Dr. J. O. Edwards, chairman,) was appointed to report on the best mode of preventing the domestic adulteration of drugs.

The following resolutions submitted by Dr. Stille, of Philadelphia, were adopted:

1. That it is recommended to the several medical colleges, and such other boards as are by law authorized to examine condidates for admission to the medical profsssion, to require from every candidate or licentiate his signature to the code of ethics.

2. It is further recommended that the formal administration of a pledge faithfully to observe and keep the said code, form part of the public exercises of medical commencements.

The subject of the amendments to the constitution came up at this stage of the proceedings. After considerable discussion the only amendments adopted were, first, to receive delegates from the army and navy in the proportion of from one to ten of the number of medical officers in each branch of the science; and, second, to receive representatives from the American Medical Association in Paris.

Prior to adjournment, the Association adopted resolutions of thanks to the committee of arrangements, and to various institutions and citizens of New York, from whom courtesies had been received. A vote of thanks was also given to the press of the city for the accurate reports of the proceedings.

The recent meeting of the Association, we believe, is admitted to

have been certainly not inferior in interest to any of the preceding meetings. The session throughout was characterized by harmony and good feeling. Of the scientific results a better opinion can be formed after the appearance of the volume of Transactions. We reserve remarks on the character of the papers which were read, either entire, or by extracts, till they are to be perused in print. In our estimation, the meetings would possess greater interest if more time were accorded to scientific subjects, and less to medical schools, quackery, etc. An interchange of views on topics pertaining to the several departments of medical knowledge, (if we may judge others by ourselves,) would be far more attractive and edifying than the discussions which, at the last meeting, as heretofore, have consumed most of the meeting. Moreover, it seems to us this improvement would conduce to the dignified character of the Association. Tne *cacoeths loquendi* exhibited by a few members is a misfortune which is not peculiar to medical assemblages. This is a topic of general complaint, and is an evil not easily remedied; but we reckon it would be less annoying in proportion as the proceedings of the Association were to assume more exclusively a scientifie character.

It remains to refer to the hospitalities extended to the members by the committee of arrangements, the profession of the city of New York, and other of the citizens of the great metropolis. We are at a loss to know how to dispose of this part of our duty. It was much easier to appreciate the social enjoyments and festivities of the memorable week of the session, than it is now to render them justice with our pen. The members were entertained each night as follows:

Tueeday Evening—By Hon. Hamilton Fish, Dr. Isaac Wood, Dr. Willard Parker, and Dr. James R. Wood.

Wednesday Evening—Hon. A. C. Kingsland, Dr. Delafield, Dr. Anderson, Dr. Detmold, and Dr. Isaac E. Taylor.

Friday Evening—By Dr. Cheesman, Dr. John Watson, Dr. Horace Green, and Dr. Lewis A. Sayer.

On Friday, a steamboat excursion took place, enabling the members to visit the public institutions at Staten Island, Randall's Island, and Blackwell's Island; and at the latter they were met and entertained by the Governors of the Almshouse.

To the various public institutions in the city, together with several private exhibitions of art and curiosity, the ticket of membarship of the Association was equiualent to a card of admission.

But the crowning event was the banquet given by the physicians of the city on Tuesday, at Metropolitan Hall. It is probably not exaggeration to say that no public entertainment ever given in the United States excelled this is profusion and splendor. A description of this festive occasion we leave to those competent to do rhetorical justice to such a theme. Or, let the reader imagine a thousand guests seated in the magnificent Metropolitan Hall, decorated with flowers; the galleries filled with ladies; brilliant music; the tables loaded with rich viands, and the anticipated delicacies of the summer; that which "maketh glad the heart of man" flowing in abundance; wisdom and wit from some of the most gifted members of cur profession—here

are the materials for the groundwork on which fancy may weave a picture, which, be it ever so highly colored, will hardly exceed the reality.

But amidst the vicissitudes of human existence, sorrows and joys often alternate in quick succession. On the morning after the joyful reunion to which we have just referred, occurred the terrible accident at Norwalk, by which several worthy members of the Association, who were hastening to resume their active duties at home, were hurried into eternity. Among the lost by this memorable disaster were Dr. Peirson, of Salem, Mass.; Dr. Welch, of Hartford. Conn.; Dr. Beach, of Bridgeport, Conn.; Drs. James M. Smith and John Gray, of Springfield, Mass.; Dr. Bartlett, of New Hampshire, and Dr. Wm. C. Dwight, of Moscow, N. Y.

Such events, albeit they may be attributable to human instrumentality, seem to be designed by Providence to remind us of the uncertain tenure of human life—a solemn truth, which, notwithstanding the number of such Divine admonitions, is apt to be drowned by the pleasures and absorbing interests of this world.—*Buffalo Med. Jour.*

IOWA MEDICAL AND CHIRURGICAL SOCIETY.

We are indebted to the polite attention of Dr. Rauch, the Secretary, for the following report of the proceedings of this Society:

Davenport, June 8, 1853.

Society convened according to adjournment at 10 o'clock, A. M., and was called to order by the President. Dr. Elbert.

The Recording Secretary being absent Dr. C. G. Blood, on motion was appointed Recording Secretary pro tem.

The proceedings of the last annual meeting were then read, also the Constitution and By-Laws.

There being a vacancy in the Board of Censors, Dr. Witherwax on motion was appointed Censor pro tem.

On motion of Dr. McGugin, a committee of three was appointed to nominate officers for the ensuing year. The President appointed Drs. McGugin, Siveter and Blood said Committee.

The Board of Censors recommended Drs. Arnold, Wainwright and Morgan, for membership, who upon complying with the requisitions of the Constitution, were duly declared members of the Society.

On motion of Dr. Ford, a committee of three was appointed to nominate delegates to the American Medical Association, Drs. Ford, Wainwright and Blood were appointed.

On motion the Society adjoured until 2 o'clock, P. M.

Afternoon Session, 2, P. M.

Society was called to order by the President.

The Annual Address by the President, was then delivered.

The Board of Censors recommended for membership Drs. C. C. Parry, Ignatius Langer, George Reeder and C. O. Waters, who com-

plying with the usual requisitions were duly declared members of the Society.

The Nominating Committee reported the following for officers for the ensuing year:

Dr. J. M. WITHERWAX,	President.
Dr. T. SIVETER,	1st Vice "
Dr. GEO. REEDER,	2d Vice "
Dr. J. H. RAUCH,	Recording Secretary.
Dr. D. L. MCGUGIN,	Corresponding Secretary.
Dr. G. R. HENRY,	Treasurer.
Dr. ASA MORGAN,	Librarian.

CENSORS.

Dr. J. D. ELBERT, Dr. J. F. HENRY, Dr. C. O. WATERS, Dr. J. C. HUGHES, Dr. J. F. SANFORD, Dr. WM. CRAIG, Dr. I. LANGER.

The Officers nominated were then ballotted for, and duly elected.

On motion, Dr. Elbert conducted Dr. Witherwax, the President elect to the chair, who upon taking it returned thanks for the honor conferred upon him in a brief and appropriate manner.

The committee to report delegates to the American Medical Association, reported as follows: Drs, J. D. Elbert, Geo. Reeder, G. R. Henry, J. M. Witherwax, T. Siveter and J. T. Huey.

On motion the report was adopted.

Report of Dr. G. R. Henry, Chairman of Committee on the Second District was read.

Report of Committee on Surgery, by Drs. Elbert and Sanford was then read.

Report of Committee on Obstetrics and Diseases of Females and Children by Dr. McGugin was also read.

Several interesting cases were reported by Dr. Langer, which after an interesting discussion, on motion with the above reports was ordered to be printed in the proceedings.

On motion of Dr. Rauch the Standing Committees were continued.

Dr. McGugin offered the following resolution which was adopted.

Resolved, That we have heard with profound regret of the recent death of Prof. G. W. Richards of Dubuque, and from the prominent position which he has occupied in the profession, the devotion he has ever exhibited in behalf of science, the efficiency of his character and usefulness of his past life, we are called upon to give an expression of our regret for the loss which the profession has sustained in his death, and in this manner to offer to his family and friends our sympathies and condolence for their irreparable loss.

Dr. Elbert offered the following resolution, which was adopted.

Resolved, That Prof. McGugin be requested to address a suitable letter of condolence to the family and friends of Prof. G. W. Richards, with a copy of the above resolution.

On motion the Society adjourned until 7½, P. M.

EVENING SESSION.

Society called to order by the President, at 7½ P. M.

The Board of Censors recommended Dr. Rosseau, for membership, who complying with the Constitution, was duly declared a member of the Society.

Dr. Rauch offered the following resolution, which was dopted:

Resolved, That the proceedings of last year be published with those of this year, and the Recording Secretary and Treasurer be authorized to levy such a contribution from each member, as will defray the expenses incurred in so doing.

On motion of Dr. Elbert the Recording Secretary was appointed a committee of publication.

Dr. Craig offered the following resolution, which was adopted:

Resolved, That the thanks of the Society be tendered to the physicians of Davenport, for their marked attention and kindness during the meeting of the Society.

On motion of Dr. Reeder the Society adjourned to meet at Muscatine on the 2nd Monday in June, 1854, at 2 o'clock, P. M.

EDITORIAL AND MISCELLANY.

THE PRESENT NUMBER OF THE JOURNAL.

It will be perceived by the subscribers to our Journal, that the present number is considerably enlarged, and that hereafter the work will be published Bi-monthly, instead of monthly as heretofore. This change we had intended to make, after a consultation with our medical friends, at the close of the second volume, but a short interregnum in the order of publication having occurred during our temporary absence in the South, we have deemed it best, to resume at once, under the contemplated new arrangement. For several reasons we believe a larger journal, published at a little longer intervals will suit the interests of the profession in this region better than a smaller one issued more frequently. One great difficulty in maintaining the interest and usefulness of a Medical Periodical is the tardiness with which physicians contribute original matter to its pages. A little longer interval will enable us to present a better original department, as well as extend many interesting articles and essays beyond the limits which our space has heretofore allowed. And as to the department of selected articles and miscellaneous medical intelligence, the Bi-monthly arrangement is still better. Most of the Medical Journals in Europe and the United States, which contain the best record of medical progress

and observation are published Bi-monthly or quarterly, and it is from these we expect to glean such scientific intelligence as our readers in the west will be most anxious to receive. Changing the time of publication from the first to the fifteenth of every alternate month, will enable us to receive and carefully examine the best periodicals in the world, and to extract therefrom such new facts and discoveries as experience has sanctioned. We shall regard our success, in faithfully presenting to the profession, in a condensed form, a glance at the progress of Medical Science as the principal excellence of our Journal, and to this object, for the future, we pledge additional labor and time.

Subscribers to the Second Volume will receive, as if there had been no delay, the eleventh and twelfth numbers to complete the year, and this together with the benefits of the new arrangement, will, we hope, compensate for our brief absence from our editorial duties. Hoping to receive the same kind encouragement formerly extended to us in our humble efforts to contribute to the medical literature of this portion of the west, we resume our labors with that feeling of pleasure, which always aids in the execution of a laudable design.

MR. THOMAS TANTON, CHEMIST AND DRUGGIST.

It gives us great pleasure to announce to the medical profession of Iowa, that the above named gentleman has made a permanent arrangement in business in the City of Keokuk, and that henceforward the drug trade in all its important and scientific details, will be maintained on a basis equal to that which is occupied in any Western City. The advent of Mr. Tanton, whose ample testimonials of five years apprentice and study with an eminent Chemist and Druggist of England, we have seen, should be hailed by the medical profession of this portion of the west as the most auspicious auxilliary in the cause of reform of which they could possibly avail themselves. One of the principal objects which the National, as well as the State Medical Associations have had in view during the past few years, has been the abolition of the nefarious traffic in adulterated and spurious drugs, which has been so great a curse to the profession and the public. Without disparaging the position of the profession in the West, we must say that no portion of the country has suffered so greatly as this. Articles of medicine which could not be sold in an Eastern market, are packed and carefully marked "for the Western States," and sent by whole cargoes, to be used by our pill-loving public. Why is this so? There are several reasons, but not the least important is the fact, that almost

the entire drug trade of the West has been in the hands of men engaged in other commercial pursuits who are not qualified to detect the imposition practised upon them. Colleges of Pharmacy have, within the past few years been established in some of the Eastern Cities, with the object of educating young men for the drug business and to impart such practical instruction in the history and properties of drugs and chemical analysis, as will protect the profession against the designs of mercenary dealers from abroad. The medical profession has warmly encouraged these institutions, and physicians have been mainly instrumental in procuring the enactment of laws prohibiting the fraudulent traffic. Yet it is apparent that legal restrictions are inadequate to the end, and that the greatest safeguard lies in the education of men in the difficult and intricate science of Pharmacy, whose practical discrimination will defy the efforts of those who desire to make the great western stomach a depository of their worthless compounds. Mr. Tanton served five years in a fine English establishment, where the laws relating to this trade are stringent, and where the science of Chemistry and Pharmacy is carried out in all its practical details.—We have no other motive in making these remarks than to attract the attention of Physicians to one means of benefitting the public and their profession by patronizing men who are competent to unite with them in one of the most important objects of reform which it is their duty to accomplish. Those who feel how much their reputation depends upon the purity of the drugs they administer, will form the acquaintance of Mr. T. and examine the extensive establishment with which he is connected.

NEW AND EXTENSIVE DRUG ESTABLISHMENT.

We ask the attention of our medical readers to the advertisement, on the cover of this number of the Journal, of Wm. H. Farner & Co., who have fitted up one of the finest Drug Stores in the Western country, and completed extensive arrangements to maintain upon a permanent basis, the highest interests of this trade. Aware of the difficulties which the Medical profession have to contend against in the way of spurious and adulterated drugs, this firm has made it a cardinal principle in their plan of business, to purchase and sell only such articles as are known to be pure. Dr. Farner is a regular graduate in Medicine, and from many year's experience as a practitioner, is fully acquainted with the necessities of the profession; he has, moreover, paid especial attention to the science of Chemistry and Pharmacy, and

is hence capable of managing the business in all its details so as to anticipate the wants of Medical men. Dr. F. has given much attention to the subject of adulteration of drugs during the past few years, and is preparing, as the result of his observations, a series of articles, embracing most of the material facts relating thereto, the first of which will appear in the next number of the Journal. Of Mr. Tanton, the other member of the firm, we have already spoken. Our own pleasure at the establishment of a permanent depository of pure Medicines in our beautiful and growing City is such as to impel this notice of the fact, and to induce us to point out the way to those who are disposed to act, in which they can give a practical evidence of their friendship to this essential measure of reform.

TO THE PROFESSION.

A Preparatory Medical School for instruction in the various branches of Medical Science, will be opened in the City of Keokuk, during the ensuing autumn. The Editor of this Journal, influenced by the desire of his own Pupils and other professional friends, will unite his services in this enterprize. Similar institutions are springing up all over the country, and it is hoped the time is not far distant when they will supercede private pupilage altogether. The arrangement will be fully announced in the next Journal.

Publications Received.

Bibliographical Remarks and reflections on Prof. Carl Lowig's Oganic and Physiological Chemistry. By BENNET DOWLER, M. D.

One of the most profound and extensive contributions to Organic and Physiological Chemistry has recently resulted from the labors of an eminent German Philosopher, who, with more than a common share of the patient and persevering toil for which his countrymen are famous, has pushed his researches into the most remote recesses of the great field whose rich fruits and prolific soil has lately invited the attention of so many illustrious investigators. The characteristics of an original mind, which never realizes its ambition or happiness by simply treading in the footsteps of those who have gone before, are deeply impressed upon the pages of Professor Lowig's great work, not only as it respects the complex and difficult problems whereby the mu-

tual relations of the elementary world are maintained, but also as it regards the articulate or vocal sounds, or combination of sounds, by which an apprehension of abstract truths is conveyed. If the expression of Hegel, that "words are crystalized thoughts" be true, the laws of mental crystalization must run riot in a German Philosopher's brain, and give asperities and angularities to those elementary aggregations, which are unknown in the domain of physics. We can easily recognize in the lustre and combinations of the diamond or cornelian an appropriate type of such thoughts as came forth in metrical harmony from the brain of Milton or Byron; but when we invert the illustration, and seek for something in the vast science of crystalography to typify the cryptological nomenclature of Prof. Lowig, as quoted by Dr. Dowler, we feel an instant impression that, not all the mountains or mammouth caves of America could furnish a physical form, which in the extraordinary inequalities and angularities of its surface would equal the "crystalized thoughts" which Lowig has, with so much patience and artistic skill, delineated upon the pages of his ponderous tomes. But with all the labor which Lowig has bestowed upon his work, to fortify it against the understanding of all the world—not German or French—it is, as we infer from Dr. Dowler's reflections, a production of excellence and merit, a real, not an ideal or assumed, addition to demonstrative and exact science. It could be this feature alone, that would excite "reflections" favorable to the work, in the philosophical mind of Dr. D. In the province of intellect, the proposition in Electrical science, that "Similar poles repel each other," is reversed; similar minds, influenced by a higher and kindlier law, embrace each with an immortal tenacity, and hence, such a mind as that which animates the body of Bennet Dowler, who could smile with contempt at the luxury and gaudy pageants of wealth, and revel with Archimedean zeal amidst the propositions of Kant's Critique of pure reason, perceives with pleasure and profit the new and useful principles evolved from the profound depths of the patient German's mind, and straightway he begins the rugged ascent of mountains of "crystalized thought" which rise like Chimborazo above the atmosphere which limits the gaze of common mortals, and from thence "reflects" back the knowledge he has gained. Amongst great Americans in our profession, Dr. Dowler stands, in our estimation, the greatest. Not that he has written or spoken more *words* than any body else, but because, if the labors which he has performed with reference to original developments in science were placed in the scale against those performed by any other living American physician, they would preponderate. During a recent visit to the city of New Or-

leans, we made the acquaintance, and were honored with the friendly attention of this distinguished gentleman. On one occasion, he showed us a great number of manuscripts upon medical subjects, which had accumulated in his study during the past few years, and what struck us as particularly worthy of remark, was, that all of his papers were written upon some *new* subject, in defence of some *new* doctrines, or in *opposition* to prevailing notions regarded by him as erroneous. Thousands of pages were thus exhibited to us. One manuscript of considerable length, we remember, was written upon the natural history of the mosquitoe, a subject to common apprehension, not demanding much expenditure of time in this particular way, but one which derived its principle interest, in his estimation, we presume, from the fact, that whilst numerous biographies had been written of the Elephant and the Crocodile, specimens which give prominence to the natural history of Ethiopia and the Nile, nothing had been said of an animal which makes equally as strong an impress upon the feelings and emotions, if not upon the mind, of the traveller in the forests and valleys of America. Ehrenberg has described thousands of varieties of certain species of infusoria, with an accuracy which would at once be admired, could we get a sight of the little beings which seemed to interest him so much, but this being impossible to those who depend upon their unassisted vision, his labors can be appreciated only by the learned. Dr. Dowler, in his choice of the mosquitoe and congenerous tribes, has introduced to the world—both scientific and unlettered—an old acquaintance in a new way, and shows him to possess other attributes than the *penetrating* genius universally conceded to him. But this is only an illustration. We repeat our admiration of Dr. Dowler as a medical scholar, and reiterate the declaration made some time since, that were his several manuscripts published in a volume they would constitute a most valuable addition to the medical and physical literature of the nineteenth century. May he escape the trying ordeal of persecution which has heretofore met those who have ushered in the advent of new truths, and may a prosperous and honored life reverse the ancient saying, that "a prophet is without credit in his own country."

A Review of a report of a Committee of the American Medical Association on the permanent cure of Reducible Hernia or Rupture. By Geo. Heaton, M. D., &c.

This review of the able report of the Committee of the American Medical Association is written and published by a man, who, for some

years, has professed peculiar skill in the treatment of Hernia. The process by which he has been enabled, as he claims, to relieve cases rebellious to any other plan of treatment, he has kept a secret from the profession and the world, and by so doing has violated one of the great moral laws of science, which in common with the best feelings of humanity, impels its votaries to extend and disseminate a knowledge of all means which may mitigate the ills and infirmities of man. No obligation is more universally acknowledged in our profession than this ; yet, notwithstanding its palpable infraction by this Dr. Heaton, the Committee of the Association, influenced by a desire to communicate every thing useful, bearing upon the subject of their report, applied to him, as they did to many others, for any facts in his possession relative to the important disease upon which they were about to report. With the avidity with which a pusillanimous and wicked mind always seizes upon a fancied advantage, Dr. Heaton declined acceding to their request, and immediately published the correspondence in the newspapers, with the object, no doubt, of increasing his dishonorable notoriety. Dr. Heaton could have had no more respectable medium of making his discoveries known, than through the transactions of the American Medical Association, and the charge that the committee aimed to deprive him of the honor of discovery, is of course gratuitous. Whilst the argument contained in this "review" may, in the minds of some, justify Dr. Heaton in withholding what he knew from the Committee, it will not satisfy any one that he did right in publishing a correspondence intended to be private, for the purpose of adding to his personal or professional popularity. Aside from the merits of this particular controversy, we have no patience with these pretenders to special skill; experience has shown that their pretensions when once unveiled, amount to nothing, and this the committee ought to have known.

New Views on Provisional Callus. By Frank. H. Hamilton, A. M. M. D.

The pamphlet before us, containing some original views of Dr. Hamilton, relative to the manner in which breaches of continuity in the osseous structures are repaired, first appeared in the Buffalo Medical Journal for February 1853. At the period of their publication in the Journal referred to, Dr. H. supposed he had been the first to observe an important modification of the process of union of bones, as this process is usually taught by surgical writers. It was not until some months subsequent to the first publication of his paper that he

became aware that Dr. Paget of London had preceded him in an expression of the new doctrines.

Notwithstanding Dr. Hamilton's views were published in the Buffalo Journal before he had heard of Mr. Paget's publication, and his investigations conducted without any knowledge of any other person being engaged in the same inquiry, he withheld the publication of a paper upon the subject, from the State Medical Society, and resolved to give its publication an indefinite, if not a final postponement. He was led to change this resolution, and publish the paper before us, by the hope that its publication would bring the subject more directly and speedily before the American profession and thus secure to it the recognition which these "views" merit.

Our readers are aware that the doctrines of osseous reparation, which have been generally received and taught during the last few years are those promulgated by the distinguished Dupuytren. He described the process of the union of broken bones as consisting of two parts: First, an effusion of plastic material *around* the ends of the bones, after their coaptation, which being transformed into bone embraced the ends and retained them in contact after the manner of a ring or ferrule: Second, an effusion of similar material *between* the ends of the bones, which, becoming organized, permanently restored the continuity. The *first* part of the process was regarded as a *temporary* means adopted by nature to retain the bones in opposition until the *second*, which was to unite them *permanently*, was begun and completed. This first step, or the formation of "provisional Callus" or "Nature's splint" was completed in three to six weeks; the second, or "definitive Callus," required as many months. These views have been embraced by most surgeons since the time of Dupuytren, and Mr. Miller, whose writings have acquired great popularity, describes these processes with eloquent enthusiasm. But Dr. Hamilton and Mr. Paget—for they are equally entitled to the merit of originality—have shown, that the first part of the process, the formation of "provisional Callus" is not an *essential* preliminary step in the union of broken bones, but only accidental, and occurring when some cause disturbs the apposition of the bones, or otherwise obstructs the natural tendency to kindly union. When the bones are maintained together and at rest, union takes place by the formation of "definitive Callus," between the broken ends, not occupying, as heretofore taught, four to six months time, but in three or four weeks. Allusion is made to exceptional cases (as in the neck of the Femur within the Capsule &c.) and plausible reasons alleged for their occurrence.

These "new views" of Dr. Hamilton upon provisional Callus, are very important in a practical sense, and although committed in our last teaching, to the doctrines heretofore entertained, we shall be glad to see further observations directed toward the establishment of the interesting views of Dr. Hamilton and Paget.

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ART. I.—*Hints in Practical Surgery, and Directions for Emergencies.* By J. F. Sanford, M. D., *Lecturer on Anatomy and Surgery, Member of the American Medical Association, &c.*

INFLAMMATION.

As this change in the ordinary condition of a part is more or less connected with all the morbid processes which it is the duty of the surgeon to control and direct, we shall endeavor to explain it in such a way as to enable every one to appreciate its influence in modifying the course of disease, or its necessary treatment. Much discussion has taken place concerning the changes which the blood vessels undergo in a state of inflammation, and this has lead to some discrepancy in the treatment which has usually been followed at different stages of its progress. We shall not, however, enter into this dispute in the following chapters, but content ourselves with pointing out some of the obvious phenomena inseparable from this lesion, and show the relation our view of its pathology sustains to the treatment, which, in our hands, has been the most successful. Even in this respect we shall not enter into a lengthy preliminary description of this relation. We think it better to connect, in a separate consideration, the pathology of different modifications of this lesion; modifications produced by age, sex, habits of life, idiosyncrasies, hereditary predisposition, specific influences, &c., with the treatment which each separate condition requires. In this way pathological and therapeutical impressions are made upon the mind in their natural relation, and the danger of con-

founding one condition, requiring a certain course of treatment, with another requiring a different management, is avoided.

The definition of inflammation which best meets our view of its pathology, is that of Dr. Williams. "Too much blood in a part, with its motion partly increased and partly diminished." But this condition of the circulation is not to be regarded as an indication of disease in any part where it is found. There are circumstances not of a morbid nature that invite more blood to a part than ordinarily finds its way there, and these circumstances sometimes impede the circulation through the part. In solutions of continuity of the living tissues, an increased activity of the circulation is required to furnish the material for repair; wherever there is an increase of the circulation, there is an increase in the function of the circulation; and nutrition being one of the chief ends of this great vital operation, we find that the increased quantity of blood which flows to injured parts, by furnishing the increased quantity of plastic matter required for their reparation, accomplishes a wise and salutary purpose. This plus of vitality then in parts undergoing repair presents the conditions which are comprehended in the definition of inflammation above given, yet it is not a *diseased* process in these cases, whilst the term inflammation is intended in all instances to imply a *morbid* state. The definition, therefore, to some extent, is incorrect; but may be retained by remembering the important fact, that *inflammation* is under all circumstances a *morbid* condition, whilst the process of repair in living parts, which in a pathological view resembles it, is as invariably a *healthy* and salutary one. Surgically speaking, this is a distinction of very great importance, and one which should never be forgotten. The practice formerly pursued, of associating every change in the condition of the vascular endowment of a part under the same appellation, was full of bad consequences; a pathological arrangement which includes in the same class, the vascular excitement incident to the healing of a scratch upon the skin, and the degree of action which rapidly tends to destruction of important parts, is manifestly erroneous. Nor is this distinction an accidental one, as many assert. It is as much a part of nature's design to institute an operation for the repair of an injury which renders a limb useless, as it is to contribute to the strength and development of a member; and the modification of the living forces in the former case is as much within the province of physiological law, as it is in the latter. Whilst these different conditions of the vascular system must be practically separated in a rational application of therapeutic resources, it is not to be forgotten that they sustain an inti-

mate relation to each other; that is, the condition of an injured part which is as essential prerequisite to its reparation, although strictly within the bounds of physiological dynamics, is a step nearer inflammation than the ordinary tranquil state of a part uninjured. In other words, it may be looked upon as a strong *predisposing cause* of *inflammation*, such as exists in *plethora* and other conditions of a similar nature. An ignorance of the facts thus briefly stated, leads to the popular errors which are constantly practiced in the dressings to simple wounds. Errors, which we are sorry to say, are not entirely confined to the nonprofessional public. An incised wound upon a healthy body, which under a mild protective dressing, would speedily unite by the *first* intention, may, under such stimulating treatment as is frequently pursued, *inflame, gape,* and become the seat of exhausting *suppuration.*

We shall, therefore, with this understanding; that *inflammation* is always a *morbid* condition, requiring the closest attention of the surgeon, proceed to describe its phenomena. They are few and well marked, and have been known and described for many centuries, under the terms, *Pain, Heat, Redness and Swelling.*

Pain.—It will be perceived that the order of enumeration is not that which is usually followed. We name these symptoms in the order of their occurrence and of the importance of their indications. Pain is probably the most characteristic symptom of inflammation and is certainly the one which *first* attracts attention. Besides the cognizance taken by the nervous endowment of a part of an injury inflicted upon it,—and which generally remains until inflammatory action is established, and then increases in proportion to the progress of the morbid action, the earliest changes in the vascular arrangement of a part under the influence of idiopathic inflammation, are impressed upon the nerves and become manifest by the existence of pain. A part might become red, swell and be above the ordinary temperature, and yet attract no attention, but the early occurrence of pain gives the signal of impending danger and enables us to apply, at a period when they are most efficacious, the appropriate remedies.

The *cause* of pain in an inflamed part, is the excited and perverted condition of the nerves of sensation; they are also compressed by the enlarged vessels which every where surrouud them. In inflammation from mechanical or chemical injury, the first impression is made upon the nerves and pain results from the violence which they have sustained, before the state of inflammation is established. This injury may be so great as to suspend the function of the nerves altogether

and destructive inflammation may advance without much pain. This is analagous to the absence of pain in mortification where there is a loss of vitality in all the implicated structures. There are some rules in regard to pain which it is necessary to remember in order to estimate its true import as a symptom of inflammation.

1st. It is not uniform in every variety and grade of inflammatory action. Some parts in a state of disease, give out more pain than others, and as long as vitality continues the pain increases as the inflammation advances. A part naturally sensitive is more painful when inflamed, than one which possesses less sensibility. We may thus be misled as to the true pathological condition, unless we constantly hold these facts in view. Over-estimating the import of this symptom in certain organs, and under-estimating it in others; the latter is more likely to occur, especially in parts deprived of their sensation, as paralytic limbs, where inflammation may take place and go on to destructive action without much local suffering.

2d. Pain, although one of the most invariable symptoms of inflammation, may occur from other causes. It is excruciating in some forms of neuralgia and spasm, where there is no inflammation; but in these cases it is intermittent and variable, and this will enable us to distinguish it from inflammatory pain, which commences in a comparatively slight form, increasing steadily and remains constantly present, until the diseased action subsides, or the part dies.

3d. Pain is not always confined to the part inflamed but may be referred to some distant part. This is termed *sympathetic* pain, and is seen in those causes of suppuration in the hip joint where the principal pain occurs in the knee, in abscess of the liver where the shoulder is the seat of pain, and in inflammation of the kidney causing severe pain in the orifice of the urethra. This remote seat of the pain is in consequence of the parts being connected by function with each other, or because the terminal expansions of nerves passing through the part inflamed, are distributed at the distant seat of pain. In these cases treatment directed to the seat of pain, has little or no effect upon the disease.

Heat is an important symptom of inflammation, and is owing to the unusual quantity of blood which finds its way into an inflamed part. This fluid is the medium through which caloric is disseminated to the various parts of the system, and in health the freedom and celerity of circulation regulates the degree of animal heat. Thus we find that the temperature near the heart is 98 to 100 degrees of Fahrenheit, whilst at the extremeties it is only 92 degrees. The highest degree

of heat which has been observed in an inflamed part is 107, yet it is probable this temperature is never attained until a part of the inflamed texture has lost its vitality. The chemical power of generating heat in the animal tissues appears to be greater than the vital power. The temperature in a limb after its separation from the body has been found at 113 deg. Fah. From this fact it is probable that the heat of an inflamed part is contributed to by molecular death as well as by an undue accumulation of blood. Heat is not always significant of inflammation. There is heat and burning in the soles of the feet and palms of the hands in hectic fever, yet there is no inflammation.

Redness.—This is the next symptom in the order in which we have enumerated them. The smallest addition to the usual quantity of blood in a part will necessarily increase the temperature there. It requires more to produce redness. Unless there is considerable engorgement of the vessels of an inflaming part, this symptom presents but little prominence; consequently when the redness is intense, the inflammatory action is severe, for this intense redness is owing to the increased amount of arterial blood, which rushing to the part with unwonted impetuosity, enlarges some vessels and brings others into view which were before invisible. Of course, it is not likely that any one will mistake the evanescent redness of a blush, or the glow of warmth for inflammation. In the latter condition the redness is permanent and conjoined with phenomena equally invariable.

Swelling. This phenomenon of inflammation is due to two causes: first, the increased quantity of blood in a part, which by its bulk adds to the volume; and second, the effusion or escape of the watery parts of the blood through the walls of the vessels. The first kind of swelling, or that which is owing to an increased volume of blood, occurs early in the inflammatory attack, whilst the second kind is incident to the advanced period of the disease, when a change in the coats of the vessels, to a greater or less extent always takes place. Sometimes swelling is salutary and hastens resolution; as, when it occurs in yielding parts of no great delicacy of texture and which are not endowed with function essential to life; but on the contrary, when these effusions occur in dense structures, or amidst delicate organizations, much injury may result.

Throbbing and *increased sensibility* are reckoned among the symptoms of inflammation. When the obstruction to the course of the blood through an inflammed part becomes complete, and suppuration is immediately impending, throbbing becomes a symptom of the existing condition; it is not uniform however, and possesses more value as

a sign of approaching suppuration than as a symptom of disease. Increased sensibility, although almost always present in inflammation is also frequently found in other morbid conditions, and as a transient effect of other causes. The four symptoms first enumerated are never absent in inflammation, and although one or more of them may be present from other causes, occurring together, they afford an infallible indication of the pathological condition.

CONSTITUTIONAL SYMPTOMS.

Sooner or later, the local disease affects the general system; the constitution sympathizes and the state of fever is established. The effect which local inflammation may exercise upon the general frame is greatly modified by circumstances, and these circumstances, any one by proper attention, may understand. A comparatively slight injury may excite intense inflammatory fever, and on the other hand severe wounds occur and heal without exciting much general disturbance. Whatever degree of systemic fever, may take place as the result of local inflammation, the first evidence of its approach is seen upon the nervous system; the blood which gradually becomes changed and deteriorated at the seat of local disease, circulating with increased activity through the system seems to exert a depressing and poisonous influence upon the nerves, and these react on the circulating system. This explains the symptoms of shivering, pale skin, lowered pulse and continued feeling of coldness, which attend the early involvement of the general frame. From this depression, however, the circulation speedily rallies and inflammatory fever is at once established; this condition is known by symptoms resulting from disturbance of the different functions, which we will enumerate according to the order in which this disturbance usually takes place, observing at the same time, that they are often so mingled together as to obscure the order of precedence, and leave us in doubt, without accurate examination, as to the extent to which each function is impaired. This examination, we should never fail to make, since it is the extent of sympathetic functional derangement that constitutes the danger, in local inflammations.

The *nervous system* is more or less disturbed. Aching pains in the loins and limbs, restlessness and a feeling of discomfort are the first indications of it. At a more advanced stage the brain is affected; *special sensation* becomes more acute; that is, the eye is more sensitive to light, the ear to sound, &c. The intellectual functions are next disturbed; there is slight delirium gradually increasing, and finally a tendency to coma. The face is flushed, the eyes injected and suffused, and the skin hot and dry.

The *vascular system* is prominently deranged in inflammatory fever, and this is indicated by a pulse, ranging in frequency from 80 to 130 or more, *and hard, rolling and incompressible.* There are peculiarities about the pulse of different persons which should be carefully inquired into, and properly estimated.

The *breathing organs* sympathize. The respiration is quickened; the breath is hot, and there is a feeling of oppression in the chest.

The *digestive* functions are deranged. The tongue is at first covered with a white coat. Sometimes the edges and tip are red; further on it beeomes brown and dry. There is thirst, nausea, uneasiness about the stomach, and constipation.

The *secretions* are changed. The urine is scanty and high colored, the skin dry and hot, the mouth parched. *Nutrition* is imperfect, and as the result, emaciation increases and the strength fails as the fever advances.

The *causes* of inflammation are numerous. An important division is into *predisposing* and *exciting.* Amongst the former we may enumerate, *unusual excitability* of the whole system or of a part. *Plethora* general or local. *Debility* is a frequent predisposing cause of inflammation. Where the vital power is impaired, a slight exciting cause, which would have been borne with impunity, may excite disease. These influences, which predispose to inflammation, may also greatly modify its character and intensity; and we should, therefore, study them closely in order that they may be duly considered in the application of appropriate treatment.

Exciting causes are those which directly induce the disease. Mechanical violence, substances acting as direct stimulants upon a living part, as acids, alkalies and the like, are examples, and serve to illustrate the action of this class of causes. They are generally not difficult to detect, yet it is always important to ascertain before the treatment is commenced, whether the cause is still present or prolonged; but this is not always easy to be determined. It may in some cases be apparent from the nature of a wound, that the agent with which it was inflicted has been withdrawn; but in gun-shot wounds it is often difficult to determine that the ball, or foreign matter carried with it into the body, has been entirely removed; so, also we overlook a foreign matter in the eye which has excited and is maintaining acute inflammation; yet as long as we neglect the removal of such matter, all other treatment will prove utterly abortive.

Results.—We shall briefly advert to the *Results* of the inflammatory process, which claim the attention of the surgeon. There is a

difference of opinion with writers as to the number and arrangement of what are termed, the *results* of inflammation; but we shall call the attention of the reader to five principal conditions which attend and succeed this morbid process, each one of which requires careful consideration during the treatment of the disease.

Resolution.—This is the first and most favorable result which requires attention; and implies a return of an inflamed part to its ordinary and healthy state. This can only happen within certain limits. After the changes in the blood and blood vessels incident to inflammation have extended beyond a certain degree, a part can never regain its former healthy condition, and it therefore becomes very important to apply appropriate and vigorous treatment at an early period, before those changes have taken place. Resolution may happen gradually or suddenly according to the causes which produce it, and the circumstances which modify its character. When it is about to take place, the local symptoms subside one by one, the constitutional fever declines, and function, and the healthy vital condition is restored.

Effusion.—The escape of the watery portions of the blood through the weak and relaxed walls of the vessels may and does occur at almost every stage of the action. It is, as we have seen, the cause of a local phenomenon which attends the inflammatory process, viz: swelling; and in this respect may be salutary or otherwise, according to circumstances. As a result of inflammation demanding remedial management, it is seen during the decline of the process, when *resolution* has been imperfect, and when effusions incident to a low unsubdued grade of action, give rise to dropsies, or indurations and enlargements of parts. For example, a joint may inflame, and *appear* to recover under proper treatment; but if resolution has not been perfect, if the part has not fully regained its healthy state, effusions may take place in and *about* the joint giving rise to that disagreeable and obstinate kind of swelling known as hydrarthrosis. Amidst the fibrous structures the effusions may be of a more plastic kind, and becoming organized may occasion enlargement and induration, produce deformity and impede function. We see, therefore, how important it is to continue appropriate treatment until resolution is completed.

Suppuration.—If inflammation extends beyond a certain limit, the formation of pus takes place. This morbid product, which ordinarily resembles cream in consistence and color, is insoluble in water and of greater specific gravity, coagulable by muriate of ammonia, is liable to various changes produced by circumstances connected with its formation. As an immediate result of inflammation the theory of its

formation is as follows: Effusions of fibrine take place as above stated, during the progress of inflammatory action. If this action would subside in time, the effusion would be removed by the absorbents, which do not act during the intensity of the disease; or, obeying another vital law, the deposits would become organized and constitute enlargement, &c.; but this organization cannot take place whilst the inflammation persists, and the fibrine not being absorbed nor becoming organized, loses its vitality and degenerates into the condition of pus. This fluid is therefore an aplastic and foreign substance and should not be suffered to remain in contact with the living parts. When it is formed in considerable quantities or in delicate vital tissues, the formation is indicated by chills more or less protracted, and where it is long retained, it gives rise to a definite form of constitutional irritation known as *Hectic* Fever.

Ulceration.—The theory of ulceration has been a subject of much dispute, and we shall not now stop to examine it. As a result of inflammation it is associated with a higher grade of action than that which gives rise to suppuration. In the latter case it is the constituent of the blood only which loses its vitality; in ulceration the action is sufficiently intense to destroy, gradually, the vitality of the surrounding tissues and they die particle by particle, unite with the discharges and pass away, and thus the solution of continuity extends until the intensity of the infiammation is brought, spontaneously, or by proper treatment, below the point of ulceration. Sometimes vital power is so low in a part, that a comparatively mild degree of inflammation may lead to ulceration, a feeble resistance being opposed to the morbid process. Some tissues are more liable to ulceration than others; an excellent arrangement which preserves the vessels and nerves of a limb, when other tissues are ulcerating or sloughing away. When inflammation declines ulceration ceases.

Mortification.—Intensity of inflammatory action, deficiency of vital power in a part which it invades, or both these combined, may lead to the extinction of life. The terms *gangrene* and *sphacelus* have been applied to different stages of the process; the first being used in connection with the early period of the change, when life and death are, as it were, mingled together in the part. the last to the total extinction of vitality. In other words, gangrene is the *act of dying*, sphacelus the *condition of death.* There is no difficulty in distinguishing these changes when they take place under the eye or notice of the urgeon. The redness changes to a dusky hue, the pain grows less, he heat abates, swelling subsides. If a considerable portion of the

body or limb is involved, the change is accompanied with great prostration, feeble pulse, cold extremities, anxious countenance and cold sweats; and these are the signs of mortification in internal parts. Where they occur after sudden cessation of pain, as they sometimes do in strangulated hernia and other affections, no doubt is left as to their import. Complete mortification is indicated by the part becoming completely cold and insensible, shrunk in its dimensions, soft and pulpy to the touch and rattling or crepitating beneath pressure. Small portions of a part inflamed, may die from time to time and be thrown off; these are called *sloughs*, and these may take place to such an extent as to destroy an entire limb, in the space of a few days or weeks.

ART. II—*Remarks on the Adulteration of Medicines.* By W. H. Farner, M. D. *of Keokuk, Iowa.*

Few persons are aware of the extent of the impositions which have been perpetrated upon the people of this country, by the adulteration of drugs sent here from foreign markets, or of the extent to which sophistication has been practiced after their arrival in the United States.

This species of fraud, which we regard as the most momentous evil which has ever existed in our commerce with other countries, seems to have been overlooked, even by the Medical profession until within a few years, and it was not until the evil attained such a fearful magnitude as to materially affect the character of that profession, that attention was finally given to it. It seems remarkable that for several years a vast body of learned men, whose benevolence and philanthropy in other respects is proverbial, should have submitted to an abuse, fraught with such fearful consequences to the community, and which influenced directly their professional reputation by detracting from the efficacy of their therapeutical resources.

It was perhaps the very magnitude of the evil that stayed their efforts. Those who were familiar with its details and knew the determined and unremitting hostility which a God-forsaken portion of the trading community would oppose to any reform, might well pause before encountering an enemy which was strongly posted in every commercial place from the St. Lawrence to the Rio Grande, and in the support of which a monied interest was engaged, absolutely appalling to those who understood the power which this interest can wield.—

Added to this consideration was the fact that the great majority of Medical men throughout the Union, were not fully aware of the real extent of the evil. They knew that an evil existed; the experience of every day convinced them that wrong was perpetrated somewhere; but the grievance of one man, however great or frequently repeated is often borne with patience, until it is known that a sufficient number of other persons suffer similar wrongs to justify a combined effort for relief. It became evident, therefore, to those who were disposed to take the lead in this reform, that the best way to secure the desired co-operation of medical men was to disseminate, as widely as possible, a knowledge of existing facts. Accordingly the subject was taken up by the National and State Societies, committees were appointed to investigate, collect facts, and report thereon. A vast amount of information was thus accumulated, which, while it surprised the most enthusiastic advocate of reform, convinced every one that no people would submit to such enormities who could become acquainted with their extent. The facts were published, and from every part of the country memorials were sent to Congress, asking for the enactment of laws, which would put an end to the iniquitous traffic. Aided by the startling facts which the investigations referred to developed, Dr. T. O. Edwards of Ohio, who was then a member of Congress, gave to this subject his indefatigable exertions. A law was passed prohibiting the importation of spurious drugs into the United States, and inspectors were appointed at the various ports to faithfully execute it. The simple operation of this law, would entitle those who secured its passage to the lasting gratitude of the country.

This was a great stride in the path of reform; but as the general co-operation of the medical profession and the pharmaceutists of the country. was essential to the full accomplishment of the desired object, it was found that other abuses, designed by vicious ingenuity and intended to replace those which the law had corrected, speedily grew into importance. Amongst these abuses, two were prominent. 1st. Home adulteration. 2d. The trade in vast quantities of impure drugs which had accumulated in the markets of the United States previous to the passage of the law.

We shall endeavor to show that the first of these evils, viz: home adulteration, grew into importance in proportion to the decline of the imposition from abroad, and that at the present time it possesses an importance which is by no means appreciated by the great body of our profession.

The American Medical Association, in conjunction with the socie-

ties throughout the country, having removed one of the heads of the monster, are now proceeding with commendable zeal to remove another, scarcely less destructive; but which requires more than the first, the aid of our Physicians and Druggists. It is in the hope of exciting an interest in this effort, and of contributing an humble mite towards its success, that we have attempted to call the attention of the profession of the North-West to the subject through the medium of your widely read Journal. No portion of the land has suffered so much from the adulteration of drugs as the West. It is well known that medicines of different degrees of purity, were put up in Europe, designed for markets in different latitudes of the United States. Those which it was likely would undergo examination by experienced druggists in the Eastern Cities, were probably pure, those for the "Middle States," where less experience and attention were given to the trade, were of a middle quality, whilst those intended for the western market, where scarcely any attention was bestowed upon the subject, and which were marked "*For the Western Market,*' were inert and worthless. In this way the western country has been an especial sufferer, from the tricks of foreign traders, prior to the passage of the law, and in this way, the Western country is at present, to a great extent, a sufferer from home adulteration. Is it not important then, that Western physicians and Western people should take the subject up, and by timely co-operation with their brethren of the East, secure themselves from further imposition. To excite this action on their part, we shall proceed to present some facts upon this subject. Although the law of Congress above alluded to has corrected to some extent, the abuses from abroad, it is necessary that we should briefly examine these abuses, to illustrate those which have taken their place, as well as to show how far we are subject to imposition, from causes included in the second class. It will likewise be a noble incentive to effort to see how much has been accomplished in this respect. As before hinted, few persons had formed an adequate idea of the enormous impositions practiced by foreign speculators, stationed in our large cities, or traveling through the country. To Dr. M. J. Bailey, more than to any one else, the country is indebted for detecting and exposing these frauds. The College of Pharmacy and Academy of Medicine in New York and the College and Journal of Pharmacy in Philadelphia, had noticed these, but it was the faithful and fearless execution of the law enacted for their prevention, that entitles Dr. Bailey to our respect. It was his reports as inspector of Drugs, that first thoroughly aroused the profession. In the year 1847, according to this gentleman's statements, the amount of Drugs, Medicines and Chemical preparations, entered at the Custom House in New York, was

nearly a million and a half of dollars. Nearly eight hundred thousand dollars worth, of these drugs and preparations were adulterated, inert or dangerous.

Within the short period of five months after the law went into operation, there was condemned, at this one point, as adulterated, or worthless, no less than 13,000 lbs. of Rheubarb, 2500 lbs. of Opium, 7200 lbs. of Jalap, 1414 lbs. of Gum Gamboge, 1400 lbs. Senna, 30,000 lbs. of spurious Yellow Bark, 3000 lbs. of Iodine, 1700 lbs. of Gum Myrrh, all of which, but for the operation of this inspection law, would have found their way into every portion of the United States, and into the stomachs of the sick and suffering. But this occurred at the port of New York alone, and this port does not possess the same superiority in every branch of the drug trade, that it does in other departments of commerce. A larger amount of the varieties of Cinchona came into the port of Baltimore than at any other, and this is the article that is most frequently found worthless. From these facts we can form some conception of the extent of the imposition from abroad, when its consideration is extended to all the ports of entry in the United States.

It will be interesting to some of our readers, to enumerate the principal articles in the Materia Medica which have been selected for adulteration. Of late years seven-eighths of the frauds and sophistications have been practiced in foreign articles. It was more profitable to import from foreign countries, where deceptions were conducted on a large scale, and with the advantage of greater experience and adroitness. By the operation of the law referred to, an effectual stop is now put to the introduction and sale of these foreign articles, but many of them yet remain in the Drug market of the United States, and are yet to be swallowed by the community.

It will presently be seen, also, that the home frauds, have taken the course of those from abroad, and thus by pointing out the latter, we hope to direct the attention of Medical men to those points, where an easy investigation will enable them to detect the deceit. Within eighty days previous to the passage of the drug law by Congress, 7000 lbs. of Rheubarb, passed through the Custom House at New York, not one pound of which was fit for use. Part of it was worm-eaten, part deteriorated and part had been macerated to extract from it the active properties for the Extract of Rheubarb. All of this was no doubt afterwards powdered, probably mixed with tumeric to lighten the color, and with a small portion of Gamboge to increase the cathartic effect, and sold for a high price as true Turkey Rheubarb. At Canton, Lon-

don, Marseilles and Hamburg, Rheubarb was adulterated in this way for the United States market. At Marseilles, London and Smyrna, Opium looses the Morphine to which it owes its active properties, or is otherwise rendered impure with sand earth, leaves, vegetable extracts and worms. From Tampico and Vera Cruz more than 7000 lbs. of Jalap was rejected at one port in a single month. According to M. Guibout, Balsam Copaiba is very frequently adulterated with Castor Oil and Turpentine. The preparations of Mercury, are largely adulterated in the English establishments. Prof. Reid of New York analysed a portion of imported Blue Mass and found it to contain the following "filthy substances" in a striking manner. In one hundred grains there were of

Mercury 7½,
Earthy Clay 27,
Prussian Blue 1½,
Lard 2,
Soluble Saccharine Matter 34,
Insoluble Organic " 12,
Water 16.

Pure Blue Mass should contain 33½ grs. of Mercury in 100, yet in this specimen, probably with the mark of a good English House upon it, we have only 7½, nearly four-fifths less than there should be.

Great quantities of Red Precipitate, *Peroxid of Mercury*, have been rejected on account of containing red lead, brick dust, Armenian bole, nitric acid, and red oxide of iron. The *Protochloride of Mercury*, or Calomel, a preparation largely used by the Physicians of the West and South, has been extensively adulterated with chalk, gypsum, phosphate of lime, carbonate of lead, sulphate of baryta and sal-amoniac. Ipicacuanha root is composed of two parts, the bark and wood fibre in the proportion of 4 to 1; the virtue of the root exists exclusively in the bark, the woody fibre being inert. The root is frequently ground up without respect to these differences, so that Pulv. Ipicac has but one fifth of the strength which it should possess. In consequence of this fraud, the choicest article is now labeled *Cortex Sine Ligne.* Yet there is much reason for believing that much of the inferior article formerly introduced into our market is now sold under this label. Sulphate of Quinine, which of all the articles used by the *Western* physician, should be the purest and most reliable, is of all his therapeutical resources the least to be depended on for purity. We shall examine, when we come upon the subject of Home Adulterations, the manner in which this article is sophisticated for the Wes-

tern trade; we are now pointing out the abuses which the inspection law revealed, and corrected to some extent. Large invoices of Quinine came into the port of New York, Baltimore and New Orleans, containing quantities of salicine, mannite, sulphate of barytes, and oxyd of zinc. These different articles were sometimes in such excess that the Quinine was almost inert, or positively dangerous, and it may be reasonably supposed that in the many cases which are reported, where the anti-periodic effects of this medicine could not be realized, or where it appeared to exercise an unpleasant effect upon the system, the inertness or injurious results were owing to the presence of these or similar adulterations. The great value of this medicine has set the ingenuity of men to work, to discover substitutes with which to adulterate it; and substances more nearly resembling it, in their physical properties, than those above enumerated, have occasionally made the imposition more successful.

Formerly Cinchonine was made to retain its place in the chemical. But recently a new principle has been discovered in a species of Peruvian bark found in Maracaibo and Carthagena, which so closely reresembles Quinine in its physical properties as to receive the name *quinidine.* With this substance, which notwithstanding its resemblance to quinine, possesses none of its valuable anti-periodic properties, there is no doubt our valuable sulphate is adulterated. In addition to this and other similar adulterations of quinine, arsenic is sometimes added to give the therapeutical effect to the adulterations. Iodide of Potash, a most valuable therapeutic resource when pure, can scarcely ever be relied upon in the treatment of disease to which it is peculiarly applicable, on account of containing quantities of Sal Acetosella, super tartrate and sulphate of potash. The Precipitated Carbonate of Iron, a medicine in very general use, often produces effects directly the reverse of what is intended; such as irritation of the stomach or derangement of the bowels, and sometimes acting even as an emetic, to the disappointment of the practioner; who is thus led to suppose that the patient labors under an indiosyncrasy, which renders the article incompatible, while these effects are entirely the result of the exhibition of the impure preparation almost invariably sold under that name.

These are the most important drugs and medicines imported into this country, which were unfit for use when the law of Congress went into operation, and great quantities of similar impure preparations are still from time to time rejected. Notwithstanding the operation of the law now prevents their introduction into our market, this law has only

been in operation a few years, and taking as a basis the undeniable statistics of the Drug Inspectors, that drugs imported anterior to its passage, were at least half inert, or unfit for medical use, it is not presumable that the quantity which was in the market at the time they ceased to be admitted, is yet disposed of. And this is a strong reason why druggists and medical men in the West, where these remains of old stocks are sent for sale, should be on the alert.

But there is a greater evil, because still unprovided for, which still affects their common reputation and the welfare of community, viz: Home Adulteration; and this we will proceed to examine in our next communication.

ART. III.—*Case of Fatty Degeneration of the Liver.* By J. J. Mathews, M. D., *of Iowa.*

Mrs. Reynold, aged forty, applied to me for medical aid in September, 1852. She had suffered much from intermittent fever during the summer, and at that time was much emaciated. Her health improved under the treatment instituted, and I saw her no more till Feb., 1853.

I then found her suffering from ascites, the abdomen being much distended. Several hard tumors could also be felt in the epigastric hypochondriac and right iliac regions. These tumors she had first noticed some two or three months previous to this time, since which they had been gradually enlarging. Of their nature it was now difficult to determine. That there might be hypertrophy of the liver I thought probable. But that all the tumors could be accounted for on this hypothesis, I would not induce myself to believe. I did not hesitate to pronounce her case hopeless. She was seen by several neighboring physicians, who came to the same conclusion.

Her death took place some weeks after, and, leave having been obtained from the friends of the deceased, Drs. Hudson, Basset and myself proceeded to make a post mortem examination.

We found the liver much enlarged, in fact, extending across the body, through the left hypochondriac region, and pressing upward against the diaphragm; also extending into the right iliac region.—The liver was found to contain an immense deposit of fatty matter, and when removed from the body weighed thirteen pounds.

A question arises with me as to how fatty degeneration of the liver may be detected in its early stages. This is certainly difficult to do, especially as the functions of the organ are not materially interfered with.

ART. IV.—*Remarks on Dysentery.* By W. Danforth, M. D., *Oswego, Ills.*

How do you treat Dysentery?—This is a constantly recurring question; and one of much interest and importence at all times, but particularly so during the prevalence of the disease. The pathology of Dysentery is now generally understood to be an inflammation of a sthenic nature, involving the large intestine, and particularly the rectum. Now, the nature of inflammation, its march, duration and sequence, is also generally understood; the remedial agents by means of which we combat inflammation; indeed, the whole list of antiphlogistica, are upon the shelf of every practicing physician. Why, then, so much diversity of opinion and practice in Dysentery? I can only account for it by saying, that Dysentery is a disease that demands prompt and energetic treatment, treatment that will tell on the disease within the first forty-eight hours, favorably;—and that so many articles have been recommended, as indispensable in the treatment of the disease by those who have been occasionally successful in their use, that the practitioner finds himself surrounded by a host of remedies, each possessing peculiar properties, that recommend it to a first trial. Under such circumstances, first one agent is tried and then another, until the disease becomes incurable. Then the practitioner resolves upon compounding some half dozen specifics, contenting himself with the blind man's hope, "that by striking in that direction he may hit, and exterminate the disease."

Without entering upon the subject at full length—the detail of which would occupy a volume—it is my intention to point out in as brief a manner as possible, a course of treatment which, if adhered to, will uniformly achieve a favorable result. Now, in a large majority of cases, we find some material complication to exist; this is evinced by a decided remission of fever every afternoon, together with chills, and a prostration of nervous energy, out of proportion to the amount inflammation present. Now, in all malarious affections we have chills; the blood leaving capillaries, is thrown upon the internal organs and large blood vessels, and congestion of the portal vein and its branches especially occurs. Now, if we have an intercepted circulation in the vena portarum, we will have as a consequence, congestion of the different branches centering in it. What if we have nausea and vomiting, a scanty and high colored urine, pain in the bowels, with bloody discharges per rectum? Should we not believe that we had here a

case of Dysentery? Well then, how shall we best remove this condition of things? I answer: by giving the patient ten grains of calomel, and following it in five hours with ol. Ricini; or with sulph. Mag., and Bi. Tart. Pot., in sufficient quantitiy to ensure an evacuation of the bowels. This accomplished, we will lay our calomel aside for this case and now give quinine, grs. xxx. in three powders. The calomel having acted upon the liver, and the sulph. mag. and the potash upon the upper bowel, relieves for a short time the undue congestion in the vena portarum, the intestinal circulation is consequently less embarrassed, and the rectum suffering less from the extreme congestion, we have a decided mitigation of the tormina and tenesmus present in the acute attack. Now we give quinine sufficient to settle the question of malaria; grs. xxx. in three hours, I think will settle it. Here then we have got rid of the congestion that served to keep up the dysenteric dejections, and also of the cause of that congestion. Now let us put our patient on morphine and Ipecac, from a quarter to a half a grain morph. and three grains ipicac, every time the bowels move, and my word for it, we shall save a large majority of our severe cases. It may be necessary in some caces to bleed, to cup, to blister, to use injections, &c.; all this must be left to the judgement of the practitioner in charge; my design here is mainly to enter my protest against dabbling with small doses of calomel, and quinine in Dysentery. Calomel, after we have obtained its effects on the liver by removing the congestion that obtains in a large majority of cases in the vena portanum, should always be laid aside. In order to get this effect, we must give it in doses sufficient to produce it. X. or xv. grs. will be enough; and when we have accomplished this, we must come in with full doses of quinine: ten grs. an hour, for three hours, which, as before remarked, will substantially settle the question of malaria. This being done, we are prepared to encounter inflammation of the rectum simply which can be successfully controlled by morphine and ipicac as before directed. Modifications in the disease, and modifications in treatment are not to be fully explained in an article designed for special directions; all this matter must be referred to the practitioner, relying on his judgement and knowledge of pathology for the correction of excentric combinations. Whoever practices in Dysentery long, must realize the uncertainty and perplexity of dabbling with small doses of quinine and calomel. They follow the disease rather than lead it; they wait for the effect of medicine till the patient is dead; believing, perhaps, that the patient is laboring under Typhoid fever, or some malignant affections; the nature and effect of which are

explained by by the term *malignant.* Now, unless we remove this internal congestion and malaria, my word for it, we shall have the worst form of Typhoid symptoms. To their removal, then, we must direct our attention in a decided manner, and we shall find the disease controllable in many heretofore fatal cases.

ART. V.—*Hydrophthalmus, (gr. udor, water, and opthalmus "eye,") or Buphthalmus (gr. bous the ox and opthalmus "eye.")* By Fr. Coilina, M. D., *Knoxville, Iowa.*

In the month of February last, I was called to visit Mrs. St. ——— of this place. On inquiry I found she had been troubled several years with a constant pain in the left side of the head in the parietal region; after suffering some years in this way she consulted Prof. S. of Keokuk, who diagnosticated the disease to be Tumor fungosus sanguineous, the symptoms of which are similar to those of Hydrophthalmus in the incipient stage. On examination, I found the disease to be Hydrophthalmus fully formed, the cause of which I will endeavor to describe. From a gradual accumulation of humidity in the eye, produced by a want of equilibrium between exhalation and resorption, and in consequence of this condition existing for some time, the circumference of the bulbus was considerably augmented. Now the question suggested itself to my mind whether the hydrops had its origin in the posterior or anterior chamber of the eye. At the time I saw the case it was impossible for any Ophthalmologist to have diagnosticated infallibly. But from consulting the opinions of the best authors of the present day, and my own experience, I was led to the conclusion, that it had its origin in the posterior chamber. This being the case, the circumference was so enlarged, that the *iris* was pressed forward and consequently the anterior chamber diminished.—The *iris* changed its color, the *sclerotica* became blue, and foul, the effect of which was short-sightedness of the patient, and at times almost an entire annihilation of the vision. The membrane was thickened from the pressure of the enlarged bulbus, the cornea pressed forward, so that the lids could not cover the eye, which assumed the appearance of *Buphthalmus.*

The iris had a fluctuating appearance, the pains were not confined to the bulbus, but extended over the anterior and lateral part of the head, occasioned spasms, and epileptic and apoplectic symptoms, caused no doubt by the compression of the brain and the nervous opticus, stu-

por, fever, and evident congestion of the brain. From the urgency of these symptoms, I deemed that an operation was strongly indicated. To prepare the system for which, I administered for some six weeks, drastic cathartics to produce a determination from the head and anti-spasmodics to allay nervous excitement; from the salutary effect of nitrate of silver in this case as an antiepileptic, I will give the recipe I used and the manner of exhibition :

℞ Nit. Argent Crystals, ½ scruple,
Extr. cicutæ, ʒii.,
Opii. Pulv. grs. v.
Pulv. Extr. Liquorice ʒi.
Mix and make into 2 grain powders.

These pills were given twice daily, commencing with *one* and increasing *one* every time; they were given until the stomach would not tolerate them, then commenced as at first, and increased in the same manner. After fully preparing the system, I performed the operation, assisted by the Hon. Dr. Hillis of this place, in the month of June last. I preferred the Keratotomy by the method of Dupuytren, the starknife was selected for the operation. The punctures were made ½ line from the edge of the cornea, and 2 lines above the diameter, the point was passed parallel with the iris, so as to puncture the opposite side of the cornea, the same distance from the edge, and 2 lines below the diameter; after pressing the knife steadily a sufficient distance, the cornea was divided, the capsule opened, the lens crystallina quite nearly absorbed, pressed out, and the erupting of the corpus vitreum effected. After the operation, a mild antiphlogistical treatment was observed, the water ran freely from the eye for some time, the swelling subsided, with all abnormal symptoms, and at present the patient is enjoying a rapid convalescence.

SELECTED PAPERS.

ART. VI.—*Anæsthetic Properties of Lycoperdon Proteus —Common Puff-Ball.*

The number of the Medical Times and Gazette for June 11, just received, contains an abstract of a paper read before the Medical Society of London, on the anæsthetic properties of the Lycoperdon proteus. The author's attention had been directed to the fact, that the smoke of the common puff-ball was used in the country for stupifyng bees, and the idea struck him, that it would be worth while to ascer-

tain if the same agent would produce narcotism in higher classes of animals. Several weeks since, he commenced a series of experiments with the fumes of the fungus, and had continued them to the present time. He found it possible to produce the most perfect anæsthesia with the fumes. His experiments were made on dogs, cats and rabbits, and had been witnessed by Drs. Willis, Crisp, Cormack, Snow, and several others- He had administered the narcotic fumes in the impure state, and in a clarified state obtained by passing them through a solution of caustic potass. When an animal was exposed to a large quantity of the narcotic vapour, the narcotism came on very speedily, and the insensibility was most decided, but recovery soon took place. Dr. Willis and Mr. Richardson had removed a large tumor from the abdomen of a dog that had been placed under the influence of the narcotic. No sign of pain was shown during the operation, and the animal did well afterwards. The fumes were obtained by burning the fungus. When a moderate quantity was inhaled slowly, the narcotism came on and passed off slowly, the animal exhibiting all the symptoms of intoxication, with convulsions, and sometimes vomiting. Several animals had been intentionally destroyed by the narcotic. It destroyed life slowly; a dog would often inhale the fumes for twenty minutes or half an hour, after being completely narcotized, previous to expiring. The heart's beat in all cases survived the respirations. The lungs after death were pale; there was no sign of congestion in any organ; the blood retained its red color, but did not coagulate quickly; cadaveric rigidity set in in two or three hours. During recovery from a protracted narcotism, an animal would sometimes be quite conscious, but insensible to pain. Mr. Richardson had himself inhaled the clarified fumes of the fungus; they produced in him symptoms of intoxication and drowsiness, but he did not breathe them long enough to become completely narcotized, Mr. Richardson was able to afford but little information as to the nature of the narcotic agent contained in the fumes. Many of the fungi possessed narcotic properties, and had been supposed to possess an alkaloid resembling morphia; but the subject had never been thoroughly investigated. He should only say, concerning the narcotic principle contained in the puff-ball—1st. That it was of a most volatile nature; 2d. That it was not absorbed by alcohol, water, or strong alkaline solution; 3d. That if the fungus was burned in oxygen gas, the narcotic principles still remained in the fumes, and produced its effect, if free oxygen was breathed with it. The fungus had been given internally to two animals without effect. In Italy, it was fried and eaten as food. In conclusion, Mr. Richardson said, that he had been anxious only to show that a volatile narcotic principle, capable of causing anæsthesia by inhalation, did exist in one of the fungi; it remained to be seen whether other fungi possessed a similar principle, and whether from a fungus an anæsthetic could be obtained that might be used in practice, with as little trouble to the operator and with less danger to the patient than ether or chloroform.

Dr. Snow corroborated Mr. Richardson's observations, having witnessed several of his experiments. There could be no doubt that the

fungus did possess a very volatile narcotic principle, capable of causing insensibility to pain. As yet, however, the narcotic was not so practicable as chloroform. The subject deserved and required farther search.—*Amer. Jour. of the Med. Sciences.*

ART. VII.—*Treatment of Rheumatism by Quinia and Veratria.*

The treatment of acute Rheumatism by Quinine, commenced by M. Briquet, and to a certain extent discontinued, on account of the doubtful character of the termination of one or two cases in which large quantities were administered, has been very much revived of late, and the impression respecting it gains favor daily. I have seen M. B. give it with good effect quite often. M. Valleix employs and recommends it at La Pitie, and I hope to be able to send a paper on the subject by a gentleman who attends his *Services* and Lectures. One gramme (15 grains) is administered once or twice a day, and the patient kept partly quininized. The gravity of the usual symptoms daily decreases, and it seems not to be at all hostile to cardiac complications. M. Trousseau, in commenting upon this and expressing his favorable impression, alluded also to the expenses attending the use of this agent, accompanying it at the same time with the relation of a remarkable instance of recovery from acute articular Rheumatism, which was then in his wards. It was true, he added, that it was as yet an isolated case, but the repetition of the means used might give equally favorable results. It followed the employment of Veratrine after the method recommended by M. Daniel (?). The patient, a woman under middle age, suffered intense pain in the articulations, high fever with endocarditis exhibiting itself by a derangement of the first sound at the base of the heart—(sigmoid valves of aorta)—with a souffle prolonged into the large vessels, and accompanied with an alteration in the left ventricle also. In sixty-two hours she was absolutely cured, leaving not the slightest trace of febrile excitement, the presence of a slight souffle alone remains. One half of a milligramme (about 1-10th of a grain?) was given in the form of pill, each day increasing the quantity, and, when the pains were relieved, continuing it in the same dose every second day. Its influence on the circulation in this case was prodigious, to use M. Trousseau's expression; the pulse fell to 42, and when I heard of the patient two days after, it was still at this reduced rate. Veratrine, we are aware, is one of the active principles of colchicum, and it is, therefore, not surprising that it should possess some power in acute Rheumatism, more particularly in those dependent upon the arthritic diathesis, gout, etc.—*Ibid.*

ART. VIII.—*Iodine a preventive of Mammary Abscess.* By H. C. Stewart, M. D., *of Sallisbury, Sommerset Co., Pennsylvania.*

This communication, I presume, will fall under the notice of no physician unacquainted with what is termed mammary abscess, both as regards the condition of the breast and the best known means of obviating that distressing condition, to which the "lying-in" woman is so often subjected.

Perhaps no organ of the body is capable of producing a greater amount of suffering to the patient, and vexation to the physician, than the female breast. Situated upon a prominent part of the body—delicately constructed—influencing and being influenced at times, by other organs, it is adapted to the performance of an important function, the disturbance of which must necessarily produce a disagreeable and dangerous result, often requiring the best efforts of the physician to counteract.

Seeing, then, that these things are so, we have been led to enquire, is there no remedy? or must our patients, after having undergone the agony of parturition, still suffer on, simply because their breasts have not been properly and sufficiently relieved of milk as fast as secreted?

If mammary obscess cannot be *prevented*, it is not because *remedies* have not been *proposed* for it; for among all the 'ills that flesh is heir to,' there is none, perhaps, for which such a multitudinous variety of *cures* has been tried. This is probably the best evidence of the difficulty of preventing such an occurrence.

The first indication that suggests itself to the mind of the physician, is to remove the tension by withdrawing the milk. But this cannot always be done; for in how many cases do we find a complete obstruction of the ducts; others, again, where there are no nipples, consequently no outlet for the milk. Have we no remedy here, or must we let the gland inflame, and then bleed and apply leeches and 'poultices to favor suppuration,' and when the abscess forms, open it with a lancet, and run the risk of forming a milk fistula, then apply adhesive strips, and if all this fail—*let it alone?*

In the early part of my practice, I was called to attend a lady, the mother of five children, none of whom she had ever suckled, owing to inversion of the nipples, and consequent obstruction of the ducts. So thorough was this obstruction, that the best efforts of the physicians, on former occasions, had totally failed to relieve the breasts of a particle of milk; consequently the woman had suffered on every occasion from mammary abscess.

In giving me a history of the treatment at different times, she said that at one time she came near losing both breasts; when the physician, (dead at the time of this conversation,) as a last remedy, applied something, from the description given me, I believed to be iodine. Knowing the efficacy of that article in all glandular affections, I resolved to try it as soon as the breasts showed any signs of inflammation. On the third day, finding them large, heavy and intensely pain-

ful, I made an application to the breasts of iodine ointment spread on linen, which gave almost immediate relief. After a few applications, I found the breasts "perfectly flaccid, completely cool, and admitting of the freest palpation and handling, without the woman making any complaint." From the favorable result in the above case, I was induced to try it in two similar cases, with the same success, and so far as I know it has never failed in the hands of any of my medical friends to whom I have recommended it; but not a few there are who can bear testimony to its virtues.

With these few suggestions, I respectfully submit it to the profession, hoping that it may not disappoint their expectations.—*Medical Examiner.*

ART. IX.—*Tartarized Sulphate of Quinine.* By Dr. Galamini.

Dr. Galamini speaks in strong terms of praise of the febrifuge power of sulphate of quinine when combined with equal parts of tartaric acid—a much smaller quantity of alkaloid so administered sufficing. During an epidemic of ague, it was given in forty-three cases, in thirty-one of which it speedily effected a cure. In twenty-one of these, half a scruple sufficed, while in ten others, it required more continued use. In most of the cases, there was hyperæmia of the brain or bronchial membrane, enlarged spleen, or gastro-biliary derangement, requiring the preliminary employment of bleeding or purgatives. Of the twelve other cases, five had relapses; in three, no effect was produced; and in four, the above named irritative symptoms returned.—*Bull. delle Sc. Med. Brit. and For. Med. Chir. Rev.*

ART. X.—*Medical Societies.*

"Why are medical meetings so intolerably dull?" is a question not unfrequently propounded. One reason may be found in the determination of a combined few, to make the association an instrumentality for promoting selfish ends. In the second place, those least qualified to open their mouths, generally fancy themselves oracles of wisdom, and therefore engross all the time. Modest men soon discover the direction which things are taking, and stay away. If a society does not die at once under such leaden pressure, it dies gradually.—*Boston Med. Journal*

ART. XI.—*American Medical Association.*

At a meeting of the Association, held at New York, in May, 1853,

the undersigned were appointed a committee to receive voluntary communications on medical subjects, and to award two prizes of $100 each, to the authors of the best two essays.

Each communication must be accompanied by a sealed packet, containing the name of the author, which will be opened only in the case of the successful competitors. Unsuccessful communications will be returned on application after June 1st, 1854.

Communications must be addressod, *post-paid*, to the chairman of the committee, Dr. Charles A. Pope, 123 Locust st., St. Louis, Mo., on or before the 30th of March, 1854.

Charles A. Pope, M. D., T. Reyburn, M. D., J. S. Moore, M. D., J. B. Johnson, M. D., A. Litton, M. D.

CHARLES A. POPE, M. D., *Chairman.*

ART. XII.—*Therapeutical Record.*

Ascites.—Dr. Falcot (Rev. Therap. du Midi. and Lancet, May) recommends, in cases of ascites, when the stomach is irritable, fomentations with decoction of digitalis. Two ounces of digitalis are boiled in a quart of water down to a pint, and compresses dipped in the decoction are laid on the abdomen, and covered with oiled silk. The kidneys are soon powerfully affected.

Asthma, Spasmodic.—Dr. Eben Watson (Glasg. Med. Journ., April) remarks, that sufficient attention has not been paid to the glottidean spasm in asthmatic attacks, and relates cases to show the efficacy of the local application of a strong solution of nitrate of silver (1 drachm to 1 oz). At the same time other measures are not discountenanced. Dr. Watson recommends the same treatment in hooping cough.

Bloodletting, Local.—Mr. Struthers (Monthly Journal, April) discusses the effect of local bloodletting on organs not immediately connected with the surface, such as the viscera of the chest and abdomen. After showing that the vessels of the lungs, heart, and abdominal viscera, can only be affected by the influence produced on the general circulation, and that local bleeding on the abdominal and thoracic walls can be only regarded *quoad* the contained organs as a general bleeding, he yet recommends local bleeding, as the abdominal or thoracic wall *may* also be affected (as in peritonitis, pleurisy, &c.), and then local bloodletting is immediately useful.

Bubo.—Dr. Claiborne (Amer. Journ. of Med. Sc., April) applies *collodion* over a bubo when there is not much local inflammation; the collodion is applied layer after layer, until considerable compression is produced. If there be any amount of inflammation, leeches are previously applied. We have derived the greatest benefit from a similar application of collodion to glandular enlargements about the face, neck, axilla, &c.

Chordee.—M. Doringer (Rev. Med. Chir., xiii. 240) relates a case of chordee, in which, after trying all the usual internal remedies in

vain, when the penis had become relaxed by means of cold, he covered the organ with a thick layer of *collodion,* with the effect of completely preventing the erection. Next day, however, when the collodion was removed, the erection returned.

Croup.—M. Trousseau (Gaz. des Hop., No. 39) speaks most highly of the employment of sulphate of copper as an emetic in croup, as recommended by Beringnier. The efforts which it induces often detach the false membranes, this emetic seeming to act less on the stomach than pharynx, while it does not derange the digestive organs, as antimony sometimes does. Vomiting occurs very soon, and is repeated, at very short intervals, three or four times; and in three or four hours the medicine may be again given. Mr. Beringnier gives from 2 to 3 grains; but M. Trousseau gives as much as 10 grains, divided into two doses.

Dropsy.—M. Abeille (Gaz. des Hop., No. 59), in the present essay, confirms statements he made some years since, of the great utility of large doses of gamboge in dropsy, these acting as diuretics, and often succeeding when purgative doses of the same remedy, and all other means have failed. There may, indeed, be relapses, as the drug is only prescribed for the epiphenomenon, which it rapidly disperses; a very great point, as all practitioners well know. It is in dropsy alone that tolerance of these large doses takes place; and when the fluid disappears, the tolerance ceases. The gamboge should be digested in alcohol (2-5ths of a grain to 1 drachm of alcohol) and given in orange-flower water. The patients should be well fed, and the medicine not given within two hours prior to and subsequent to a meal. The quantity at commencing is 6 grains per diem, given in divided doses; and this is to be increased by 2 grains daily.

Dysentery.—M. Delioux (L'Union Med. Mars) employs in chronic dysentery an enema composed of tincture of iodine ʒij to ʒiiij, iodide of potassium 15 to 30 grains, and water ℥vj to ℥viij. An emollient lavement is first administered to clear the intestine, and the iodine is then at once thrown up. Occasionally it causes slight colic, which can be prevented by opiate injection. Of 12 cases mentioned, 10 were cured; 2 were unaffected. A great part of the iodine is absorbed and appears in the urine.

[Elimer has already recommended the use of iodine injections in *acute* dysentery.]

Erysipelas.—Dr. Balfour (Mon. Jour., May) has treated twenty cases with tincture of sesquichloride of iron, and believes that we have now a "certain and unfailing remedy, whether the erysipelas be infantile or adult, idiopathic or traumatic." The dose is 10 to 20 minims every two hours. A purgative is prefaced and occasionally repeated.

Fever, Typhoid.—An epidemic of typhoid fever has, during several months of the year, prevailed in different parts of France, and especially in Paris. In general, it has not been of a very severe character, although assuming in some patients an adynamic form, with pulmonary complications sufficiently formidable. The mortality has not, upon the whole, exceeded 10 per cent. in Paris. The most varied treat-

ment has been tried with very similar success. The application of cold in every variety of mode has been followed by remarkably good effects. Emetics were very useful when the chest was overloaded with muscosities. Tonics, too have been well borne, and have always expedited convalescence. One peculiarity observed at the commencement of the cases, was the absence of purging, and even the existence of constipation of several days' duration. As the disease, however, progressed, the purging came on, and became very persistent, even after convalescence was established. It was in these cases, as well as at a less advanced period of the disease, but always when purging was present, that M. Aran (Bull. de Therap., xliv. 272) found tr. of iodine so very useful. Under its use the foul tongue cleaned, the meteorism and pain subsided, and the number of stools at once diminished. The quantity given was 5 drops, from 15 to 30 being taken in the 24 hours.

Fever Continued.—Dr. Fletcher (Med. Times & Gaz., April) deduces, from an experience of 80 cases, that, in "all cases of fever, with a tendency to bowel complication," the treatment by quinine (as advocated by Dr. Dundas) is extremely useful. "In the majority of the cases, *cinchonism* established a permanent convalescence within 48 hours."

Gonorrhœa.—M. Alquie (Bull. de Therap., xliv. 277) speaks in the highest terms of the great utility of the tannate of zinc (1 part to 100 of water) injection employed, night and morning, in gonorrhœa, after the acute symptoms have subsided.

Hæmorrhoids.—Dr. Cooke (Med. Times & Gaz., April) relates cases to show the efficacy of strong nitric acid applied to external piles. A dossil of lint is dipped in the acid and pressed upon the pile; for 15 or 20 minutes the pain is usually severe. Six cases are related, in most of which the condition of the parts after the application could not well be ascertained, as the patients rapidly got well. In one case, abscess close to the sphincter followed, but ultimately got well.

Perspirations, Nocturnal.—M. Delioux (L'Union Medicale, April) has employed the *tannate of quinine*, in doses of 6 to 8 grains daily, in the sweats of phthisis, and in other diseases attended with diaphoresis. Pure tannin appeared in some cases to be even more powerful than the tannate of quinine.

Pertussis.—Dr. Eben Watson (Glasgow Medical Journal, April) recommends the topical application of solution of *nitrate of silver* in hooping-cough. Combining together his own cases and those mentioned by Joubert (Bulletin de Therap., Jan., 1852,) he finds that by this means, in 125 cases, 62.4 per cent. were cured within a fortnight; 31.2 per cent. were cured in 3 or 4 weeks; and 6.4 per cent. resisted the treatment.

Phthisis.—Bonorden (Schmidt's Jahrbuch, May) has employed, for the last five years, *sulphate of iron* in phthisis, in the following way. He dissolves ʒj in ℥j of water, and gives mxx to xxx every 2 hours; the pulse becomes slower, the temperature falls, and the hectic fever lessens; the physical signs improve. If in 10 days no improvement occurs, the strength of the solution is increased to ʒij in ℥j. If

any uneasy sensation is felt in the stomach, the medicine is discontinued for a few days.

Prostate, Enlargement of.—M. Vanoye (Gazette Medicale, Feb.) recommends *muriate of ammonia* (in doses of 1, 2, 3, or even 4 drachms in 24 hours, dissolved in a mucilaginous fluid.) A miliary eruption sometimes occurs when the remedy is given in such large doses, and indicates its discontinuance.

Rheumatism.—M. Trousseau (L'Union Medicale, Avril) has employed *veratrine* in *acute* articular rheumatism. He gives, on the first day, 1 pill containing 7-100=1-14 of a grain of veratrine; on the second day he gives 2 pills; on the third, 3; on the fourth, 4; and so on, till he gives 6 or 7 daily. The symptoms are notably improved on the fourth, fifth, or sixth day; 3 or 4 pills are then given daily till complete convalescence; at the least sign of gastric irritation the medicine is discontinued. Five cures are related as evidence.

Rubeola.—Dr. Walz (Schmidt's Jahrbuch, April, p. 166) has employed, after the manner of Schneemann, frictions with fat, in 343 cases of measles, 57 of which were severe; all were cured very speedily. In 30 of these cases the patients were tuberculous, and the progress of the phthisis was arrested.

Scarlatina.—Dr. Walz (Schmidt's Jahrbuch, April) has employed, after the manner of Schneemann, frictions with fat in 74 patients with scarlatina: all were cured. In 69 cases there was no desquamation; in 4 cases there was secondary dropsy, which was easily cured in one case by diaphoretics, in three by sulphur. The same treatment has been employed in measles.

Stomatitis Materna.—Dr. Byford (Amer. Journ. of Med. Sc., April) describes stomatitis as occurring in mothers who are suckling, and recommends immediate cessation of the lactation, and the administration of nourishing diet and strengthening medicines, especially cod-liver oil and the carbonate of potash. Local remedies are considered to be merely palliative: solutions of alum, borax, and sulphate of zinc and copper, are mentioned.

Tonsillitis.—In ulcerated sore throat, with much exudation (diphtheritis). Mr. Blyth (Med. Times & Gaz., April) recommends the internal administration of *chlorine* conjoined with quina. He puts into a pint bottle eight grains of chlorate of potash, and one drachm of hydrochloric acid; a violent action ensues, during which time the bottle is corked. An ounce of water is then poured in, and the bottle is well shaken until the chlorine is partly absorbed; another ounce of water is then poured in, and so on till the bottle is filled. A weak solution of chlorine is thus prepared, of which, to a child, two teaspoonsful, with a quarter of a grain of quinine, may be given every two or three hours. In scarlatina anginosa and maligna the same treatment is useful.

Dr. Hamilton Roe (Lancet, March) had previously recommended a similar preparation of chlorine in scarlatina.

Ulcers.—Mr. Gay (Med. Times and Gaz., April) in a case of old callous ulcer on the leg, which had not been treated for twenty years, noticing that the extreme tension of the sound skin round the ulcer

appeared to prevent cicatrization, made a longitudinal incision, three inches in length, through the tense sound skin, about two inches from the ulcer. The ulcer and new wound both healed up readily.

Uterus.—M. Faure (Arch. Gen., i. 551) believes that vaginal injections of water have never been properly estimated, the practitioner regarding the ingredients they hold in solution as the only active agents. After long trying the usual heroic remedies in affections of the cervix uteri, he has now discovered that cold water is a far more powerful therapeutical agent, both as regards the rapidity of the cure and the less tendency to relapse. If the patients prefer it, the injection may at first be tepid. Two or three irrigations of twenty minutes daily may in some cases suffice, while in others a more prolonged or oftener repeated application is required. A small pump, on the principle of the garden-syringe, is employed, the orifice by which the water escapes being two centimetres in diameter. The woman can manage it herself, while in the sitting posture, passing the pipe well into the vagina, and propelling the fluid, with considerable force, against the engorged parts.

Warts.—Dr. Peez of Wiesbaden (Rev. Med., 1853, p. 502) confirms the statement, made by several German practitioners, of the rapid curative agency which attends the internal use of carbonate of magnesia in cases of warts.

ART. XIII.—*Response.* By Oliver Wendell Holmes, M. D.,

To the following Toast, proposed at the Entertainment given to the American Medical Association, by the Physicians of the City of New York, at Metropolitan Hall, on the 5th of May, 1853:

Toast.—"The Union of Science and Literature—A happy marriage, the fruits of which are nowhere seen to better advantage than in our American *Holmes.*"

I hold a letter in my hand—
  A flattering letter—more's the pity—
By some contriving junto planned,
  And signed *per order of Committee*;
It touches every tenderest spot—
  My patriotic predilections—
My well known—something—don't ask what—
  My poor old songs—my kind affections:—

They make a feast on Thursday next,
  And hope to make the feasters merry—
They own they're something more perplext
  For poets than for port and sherry—
They want the men of—(word torn out);
  Our friends will come with anxious faces,
(To see our blankets off, no doubt,
  And trot us out and show our paces).

They hint that papers by the score

Are rather musty kind of rations:
They don't exactly mean a bore,
But only trying to the patience;
That such as—you know who I mean—
Distinguished for their—what d'ye call 'em?—
Should bring the dews of Hippocrene
To sprinkle on the faces solemn.

—The same old story; that's the chaff
To catch the birds that sing the ditties;
Upon my soul, it makes me laugh
To read these letters from Committees!
They're all *so* loving and *so* fair—
All for *your* sake such kind compunction—
'Twould save your carriage half its wear
To grease the wheels with such an unction!

Why, who am I, to lift me here
And beg such learned folk to listen—
To ask a smile, or coax a tear
Beneath these stoic lids to glisten?
—As well might some arterial thread
Ask the whole frame to feel it gushing,
While throbbing fierce from heel to head
The vast aortic tide was rushing.

As well some hair-like nerve might strain
To set its special streamlet going,
While through the myriad-channeled brain
The burning flood of thought was flowing—
Or trembling fibre strive to keep
The springing haunches gathered shorter,
While the scourged racer, leap on leap,
Was stretching through the last hot quarter!

Ah me! you take the bud that came
Self-sown in your poor garden's borders,
And hand it to the stately dame
That florists breed for, all she orders;
She thanks you—it was kindly meant—
(A pale affair not worth the keeping,—)
Good morning;—and your bud is sent
To join the tea leaves used for sweeping.

Not always so, kind hearts and true,—
For such I know are round me beating—
Is not the bud I offer you,—
Fresh gathered for the hour of meeting—
Pale though its outer leaves may be,
Rose-red in all the inner petals,
Where the warm life we cannot see—
The life of love that gave it, settles?

We meet from regions far away
  Like rills from distant mountains streaming:
The sun is on Francisco's bay,
  O'er Chesapeake the lighthouse gleaming:
While summer skirts the still bayou
  With every leaf that makes it brighter,
Monadnock sees the sky grow blue
  And clasps his crystal bracelet tighter.

Yet Nature bears the self-same heart
  Beneath her russet-mantled bosom,
As where, with burning lips apart,
  She breathes, and white magnolias blossom:
Ay! many a cheek is kindled here
  With morning's fire as richly laden
As ever Sultan of Cashemire
  Kissed from a sun-enameled maiden!

I give you *Home!* its crossing lines
  United in one golden suture,
And showing every day that shines
  The present growing to the future,—
A flag that bears *a hundred* stars,
  In one bright ring, with love for centre,
Fenced round with white and crimson bars,
  No prowling treason dares to enter!

O brothers, home may be a word
  To make affection's living treasure—
The wave an angel might have stirred—
  A stagnant pool of selfish pleasure;
Home! It is where the day star springs
  And where the evening sun reposes,
Where'er the eagle spreads his wings
  From northern pines to southern roses!

EDITORIAL AND MISCELLANY.

Much has been recently said by our cotemporaries of the Medical Press upon the subject of *Medical Education*; and whilst we are pleased to see a topic introduced which is so appropriate in periodicals devoted to the interests of Medical Science, we cannot forbear a criticism upon the views some writers put forth concerning the best means of advancing the scientific character of our profession. It will do very well for medical men whose principal object it is to acquire personal notoriety, or advance the interests of corporate organizations,

to indicate ingenious plans of medical improvement and to intersperse their impractical theories with various abstract propositions concerning professional equity; but the postulate to which their laborious reasoning leads—the *ultima thule* upon which their benevolence and scientific enthusiasm at last find repose, is so obviously intended to advance individual or selfish purposes, that the little good which they sometimes contain, loses its effect upon the mind of intelligent readers. Many of the communications which we have seen upon this subject, contain recommendations which could only be carried out in certain regions of country, in certain cities or in particular schools; others lay down plans which would exclude a large number of physicians in any portion of the United States, whilst a third class content themselves with laying down a platform of professional etiquette, and with an attempt to unite all men upon it in the common object of scientific improvement. The discussions which have occurred upon the subject of Medical Education, in the National and State Associations during the past two or three years, show how difficult it is to bring medical men together upon this point, for with all the labor which has been directed towards the adoption of some uniform system, a greater discrepancy now prevails than at any former period within our knowledge. Contrary to the spirit of all science, sentiments of professional aristocracy have been cherished by a certain class of physicians, and this class, assuming the supreme direction of affairs, have affected to look with contempt upon all innovations upon their fancied privilege of directing the mind of a State or nation. When we speak of professional aristocracy, we do not mean it in the vulgar sense, which would make wealth or position the criterion of that attribute; for wealth may be the reward of honest industry in our calling, as in other pursuits, and the exercise of genius may secure to its possessor an honorable attitude before the world. But we mean the assumption of privilege, which qualification, labor done for the good of science, or genius does not authorize or justify. That kind of supercilious vanity which rests its claims upon place or position irrespective of merit, or what is still worse, emanates from egotistical impulses. Every man, whatever may be the circumstances which influence his opinions, yields a willing homage to genius, and listens with confidence to the suggestions which come from men whose abilities entitle them to respect; but it happens, unfortunately, that these qualifications are often mingled with an unassuming modesty and self distrust, so that the inculcations of wisdom, are lost amid the clamors of presumptive ignorance, and the mind, disgusted with the conventional rules which un-

deserving aspirants find essential to their elevation, relinquishes the effort at professional improvement. It is true, men eminent for their learning and talents, have now and then been found, advocating the sentiment that the deified spirit of Æsculapius finds in certain spots a happier resting place, and, that charmed with the external trappings of professional vanity, it smiles upon lofty and oracular pretensions. But genius has its infirmities—its erratic flights, and this is one of them, which like exceptions to other rules, only proves the law.

We do not profess the ability to remedy this state of things. We fear there are elements in the profession of medicine as it now stands, which are intrinsically irreconcilable. Until some rule is adopted, that will place those who are qualified upon one side, and those who are not qualified upon the other, so that merit and its opposite may have a fair struggle, we see no hope for improvement in medical education. As far as we know and believe, under existing notions, this improvement never can take place. As long as it is believed that the knowledge a man acquires at one place is better than the same knowledge acquired elsewhere, it is foolish to think of improvement in medical education. It ought to be acknowledged that wherever the *subjects* of study and the *instrumentalities* of study are equal, minds of similar capacity may derive equal benefit. But this acknowledgement has not been made. On the contrary, the idea is constantly encouraged that the most stupid individual who has listened to harangues—by him as little understood as a Chinese colloquy—in a large city, is entitled to more consideration than the indefatigable and intelligent student, who has made the greatest proficiency in every department of science in a town or country place. According to this idea, the various textures of the human frame, or the laws which govern the physical world—which are the *objects* of study; and the scalpel and laboratory, a steady hand, acute vision and patient soul,—which are the *instrumentalities* of study, may yield and exhibit different phenomena in different places. We will not deny that other advantages, which appear more plausible, are claimed by those who live in large cities. No topic has been more diligently discussed, than the advantages to be derived from clinical instruction afforded by the hospitals of large cities; yet as this instruction is at present conducted, it is a mere mockery. Any practitioner of considerable practice, can give his pupils better clinical instruction, than is afforded under the present system of hospital instruction in the cities. Fifty or sixty students walk, or rather run, through crowded wards after an instructor; occasionally he stops and gives a poor Irishman or Dutchman a punch

in the side, turns him over, looks wisely at his tongue, feels a beat or two of his pulse, orders the "*last prescription*" continued, and runs on. At each pause of the running lecturer, the students crowd together, and on tiptoe look over each other's shoulders at the edifying manipulations of the Professor. We do not wish to disparage clinical instruction. It is all important to the student of medicine, and under a different system would give the schools of the cities an immense superiority over those of the country; but one interesting case of disease in a Western cabin, intelligently explained to the student of medicine and patiently examined by him, would inspire a more appropriate sense of his relation to the sick than a hundred cases under the system referred to.

Another singular notion held by many who write upon the subject of medical education, is, that a multiplication of medical schools constitutes an obstacle to the desired reform. Nothing appears to us more ridiculous than this assumption. As well could it be said, in our opinion, that the increase of common schools was inimical to the progress of intelligence among men. A man's medical education does not consist in his conformity to certain plans of scholastic discipline, nor in the length of time he has spent at some fashionable and overgrown institution. It is the knowledge he has acquired in the various departments of medical science, that ought to constitute his claims to respect, irrespective of the time he has spent, or the place he obtained it. It is according to this rule that all other men are judged, and hence we believe that the law of the schools, which bestow their honors upon all pupils who have passed a definite time within their walls, without particular reference to the proficiency they have made, is radically wrong. It cannot be denied that some minds will receive and digest more in six months than others will in a year, and that in the latter time, many men whom nature has gifted with superior powers, with one course of lectures, may qualify themselves vastly better than others who have enjoyed the advantage of three years' study and two courses of lectures, "the last of which must have been in this institution." Yet no school that we know of, will admit the brightest intellect, well stored with scientific knowledge, to their examinations and honors, without a compliance with these forms, and after compliance with them, any man can be admitted to the examinations, and most men pass with the greatest facility. If a rigid system of examinations were adopted, and all admitted to the sanction of the schools that could creditably pass them, it would place a premium upon genius and talents, instead of stupidity and indolence as at pres-

ent. If a strong mind, impelled forward by necessity or enthusiasm, could pass the ordeal in *a year*, let it pass; if a feeble intellect and sluggish spirit, fails to achieve the same object, with equal credit, in *three years*, let its pupilage be prolonged. If a principle of this kind were adopted, we would hear no more talk about the greater *respectability* of a Philadelphia or New York medical education, because all would be judged by the same standard. This kind of invidious distinction, and the opposition to the increase of schools, which is waged by the large institutions of the East, strike a death blow at reform in medical education; yet strange to say, medical men in the west—even those who have not enjoyed the advantage of any school—sanction these sentiments, and affect to believe, that a man may be better qualified to take upon himself the important responsibilities of the healing art in Philadelphia or New York, than in Saint Louis or Cincinnati; as if in the former places, legitimate dullness and imbecility were not often crowned with honors. It would be a great benefit to these men, and to the community where they practice, if they could attend a careful dissection of a human body in some solitary prairie cabin. For our part we say, let medical schools be multiplied. There are now six or seven in the State of Ohio, and no physician in the State is excusable for not enjoying their advantages. The effect of these multiplied facilities in elevating the tone and dignity of the profession in that great commonwealth, has struck the mind of every observer. As Iowa grows in wealth and population, let a similar encouragement be given to the increased means of obtaining a medical education. Let this land and all others, be covered with institutions of science, whose laws shall encourage genius and merit, without respect to conventional forms, and the work of reform will begin in earnest and go on to its consumation.

We have said nothing about preliminary education in connection with this subject, because this part of the discussion has been abandoned. It is now settled that a man utterly ignorant of every other department of knowledge, may become respectable in a *learned profession*, whose essential principles are intimately connected with every branch of collateral science. This is strange, yet it is true. We know men who wear the honors of the most renowned schools in the East who cannot write half a page, without a dozen errors in composition and orthography, and others, who are as free from native intellectual endowments, as, to common sense, the icicle is from heat. It is true that some knowledge of the classics is necessary to unveil the history of our science; that its principles rest upon, and are incorpo-

rated with the various branches of physical science, and that a clear and discriminating iutellect is often necessary to the interpretation of its essential laws. Yet it seems to be determined, that this kind of preliminary qualification—acquired and natural—shall be overlooked and that the *sine qua non* of admission into its ranks shall be two or three years study and two courses of lectures, "the last of which must be in this institution."

As to what is so often written and spoken with so much enthusiasm and display of elocution, concerning the motives, incentives, objects and rewards of medical study, we have but little to say. Until the profession encourages reform in more essential respects, little more than oratorical eclat will result from it. We have toiled and struggled in the profession for many years. We have endeavored to cultivate a love for our calling and cherish a few reminiscences of pleasure in the exercise of its duties. Yet the melancholy recollection of hardships suffered—of persecutions endured—of vindictive evil returned for intended good, have caused us to regard these beautiful theories of happiness and glory in our profession, as the weary traveler regards the tempting mirage of the desert. They are beautiful to the eye and exhilarating to the heart, but they forever elude the grasp. Better tell the student that he is entering upon a path of thorns, where savage beasts and venomous reptiles lie in wait, and that he must arm himself for battle, and fight his way through its gloomy labyrinths to the grave.

These things we say, not in a spirit of fault-finding. We love our profession and have consecrated our humble abilities to its cultivation. But as public journalists, it is our privilege io express our views on this important subject, and then acquiesce in the estimate our readers may place upon them.

TO OUR CORRESPONDFNTS AND THE MEDICAL PRESS.

We understand a new Journal is to be published in this city, under the name of the "Iowa Medical Journal." As mistakes may arise with those who send communications to us, we particularly request our exchanges and correspondents to direct as plainly as possible to "*The Western Medico-Chirurgical Journal.*" This periodical has been established two years; has an exchange with all of the American and several European Journals, and will be permanently maintained.

RESIGNATION.

The editor of this Journal resigned the Chair of Surgery in the College of Physicians and Surgeons of the Iowa University in February last. This notice was inadvertently omitted in the last number of the Journal, and now becomes necessary from the fact that many persons still address him letters containing inquiries concerning the school. All letters of this kind should be addressed to the Dean. It will be seen that we continue our Surgical Lectures under a new arrangement.

IOWA MEDICAL SCHOOL, FOR PREPARATORY INSTRUCTION IN MEDICINE AND SURGERY.

In accordance with the sanction of medical societies and medical men throughout the country, the undersigned have associated themselves together in an organization for the purpose of private medical teaching, and to afford students and practitioners who may not be immediately prepared to enter a College, a thorough course of demonstrations in the practical departments of Medical Science.

It is conceded that no plan which has been proposed for practical improvement and rapid progress in the study of Medicine, is so efficient as that kind of familiar and colloquial instruction and illustration which is pursued in these private schools; where the student, free from the restraints of collegiate discipline, may leisurely and maturely give his mind to the investigation of practical subjects connected with the every day duties of private practice.

The instructions in the various departments will be conducted as follows:

Instructions and Lectures in Anatomy and Surgery. By Dr. J. F. Sanford.

In Pathology, Practice of Medicine and Obstetrics. By Dr. R. H. Wyman.

In Chemistry, Materia Medica and Therapeutics. By Dr. W. H. Farner.

The course will be opened first Monday in October, and for the present season, continue only six weeks, so that those in the Class who desire it, may repair to Medical Colleges in time for the winter course. The annual course hereafter will be prolonged.

During the approaching session, the dissections and illustrations will be of a practical character, and such abundance of material sup-

plied, that every student may acquire proficiency and confidence in the use of the knife.

The Instructor in Chemistry and Materia Medica, will give especial attention to Toxicological experiments, and Chemical analysis, and will, during the course, present to the Class unlabelled, poisons for analysis, and supply them with the means of their detection. A few lessons of this kind, where the student is thrown upon his own resources, are more valuable than months of mere oral instruction.

A large clinic embracing cases at home and abroad, will illustrate the course of the Instructor in Pathology and Practice of Medicine.

Every variety of demonstration will be given in the department of practical Surgery and numerous operations performed before the Class. The details of dressings and minor Surgery will be fully shown.

The fees for the course, including material for dissection, will be Thirty Dollars. A skillful Demonstrator of Anatomy has been engaged.

Letters of inquiry may be addressed to

WM. H. FARNER, M. D. *Secretary.*

MEDICAL JOURNALS.

As the impression seems to exist that the new Journal just commenced in this city, is designed to take the place of, and supercede the *Western Medico-Chirurgical Journal,* which has been established two years, we desire to assure our readers that no such arrangement has been made. There has been no intention, at any time, to discontinue this Journal. The only valid claim of a medical journal to the patronage of an intelligent profession is afforded in the character of its contributions to medical science and the zeal and interest it displays in the progress of medical improvement. As long as our Journal meets the approbation of the profession in this respect, it will be sustained. When it loses these attributes, it will lose its support. The publication of a Journal either by an individual or a corporate body, has no intrinsic recommendation. Medical Journals are read by medical men who have need of those improvements and discoveries in science which these Journals should chronicle, and for the practical observations embodied in the original communications. In the United States there are published *thirty-two* journals with which we exchange. Only *twelve* of these Journals are conducted by College Faculties, whilst twenty are edited by gentlemen who have no connection with

medical schools. Amongst the last are the leading Journals of the Union: The American Journal of Medical Sciences, New York Journal of Medicine, Charleston Medical Journal and Review and the New Orleans Medical and Surgical Journal. We therefore hope that the medical profession and the public will exercise an intelligent discrimination and base their patronage upon such principles and circumstances as will confer the greatest benefit to science and reflect the highest credit upon our city and country. We desire the success of every enterprize designed to advance the interests of medicine; but let every thing be judged according to its intrinsic merit.

MR. AYERS' DRUG STORE.

We invite the attention of our readers to the advertisement of this excellent establishment. It is one of our oldest houses and has a high and deserved reputation for liberal and honorable trade.

☞ A review of several publications received has been unavoidably crowded out of the present number. Amongst these was Dr. Armor's excellent Prize Essay, read before the Medical Society of Ohio, and Dr. Hamilton's Fracture tables. The notice will appear in the next issue.

CLOSE OF THE SECOND VOLUME.

This number will close the second volume of the Western Medico-Chirurgical Journal. All who are in arrears for subscription will forward the amount before the issue of the next number, otherwise the work will not be sent. The demand has increased so rapidly that the last edition was not large enough to meet it; and we are compelled to adopt the rule above stated, in order to supply our paying subscribers. Of course the Journal will be regularly continued to those not in arrears, unless otherwise ordered.

☞ Dr. Sam'l G. Armor, formerly co-editor of this Journal, has been appointed to the Chair of Physiology and Pathology in the Medical College of Ohio. Nothing will contribute more to the prosperity of this venerable Institution than such an appointment as this; inasmuch as it makes a part of the only true claim any Institution can present to the profession for its patronage and support, viz: high intellectual and scientific acquirement on the part of its teachers.

Medical Department of the St. Louis University.

THE regular Lectures in this Institution will commence on the first day of November next, and continue until March ensuing. A Preliminary Course at the College, as also Clinical Lectures at the Hospitals and the Dispensary, will be delivered without extra charge during the month of October.

M. L. LINTON, M. D., Professor of the Principles and Practice of Medicine. —A. LITTON, M. D., Professor of Chemistry and Pharmacy.—C. A. POPE, M. D., Professor of the Principles and Operations of Surgery and Clinical Surgery.—M. M. PALLEN, M. D., Professor of Obstetrics and Diseases of Women and Children.—R. S. HOLMES, M. D., Professor of Physiology and Medical Jurisprudence.—WM. M. McPHEETERS, M. D., Professor of Materia Medica and Therapeutics.—CHAS. W. STEVENS, M. D., Professor of General, Descriptive and Surgical Anatomy.—JOHN B. JOHNSON, M. D., Professor of Clinical Medicine and Pathologieal Anatomy.—E. F. SMITH, M. D., Demonstrator of Anatomy.

The most ample opportunities for clinical instruction, both in Medicine and Surgery are afforded free of charge in the St. Louis Hospital, as also in the City Hospital, the Marine Wards and the O'Fallon Dispensary. This last charity alone presented two thousand cases during the past session. Anatomical material in great abundance.

Fees for the entire course, $105. Matriculation ticket, (paid but once,) $5. Dissecting ticket, $10. Hospital tickets gratuitous. Board from 10 to 12 per month.

Students or others desiring further information, can either address the Dean, and he will forward them a descriptive pamphlet, or on arriving in the city, call upon him at his office, 123 Locust street, three doors in the rear of Odd Fellows' Hall, or on the janitor at the College, corner of Seventh and Myrtle streets.

CHARLES A. POPE, M. D. Dean.

St. Louis, September 1st, 1853.

H. H. AYRES,

Wholesale and Retail Druggist,

Corner of Third and Main Streets,

KEOKUK, IOWA.

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A large and well selected assortment of pure, concentrated Botanic Medicines, Tincture Gelseminum, Alcoholic and Hydro-Alcoholic Extracts, Haskell and Merrick's select Powders, Wedgewood, Glass and Iron Mortars, Pill Tiles and Machines, scales and weights, spatulas, syringes, Pocket Cases, Lancets, Trusses, Shoulder Braces, &c. Gold and Tin Foil, Gum and Plain Teeth Files, Excavators, Pluggers, Cast and Impress Cups, Tooth Forces Hooks and Keys.—Port, Maderia and Malaga Wine, Coniac, Peloeisin, signet and Blakesburg Brandy. Old Holland Gin and St. Croix Rum, all pure and bought for the use of the truly afflicted only.

Annatto, Alum, Cochineal, Madder, Extract and Chip Logwood, Camwood, Fustic, &c. Dry Lead, Turpentine, Oil and Paint of all kinds.

My stock is large and complete, purchased with great regard to Purity, Freshness and Quality, and having been engaged in the business for several years and had it in view to do a general Jobbing business, I think that I am now prepared, after great expense and trouble, to meet the wants of Druggists, Merchants and Physicians with almost every thing in the line at the very lowest prices.

☞ CASH wanted and DRUGS CHEAP.

Keokuk, September 1st, 1853.